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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB 1203

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ENCORE CL (Name of Limited	<u>EANING</u> SER VILES, ( d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	eatter to the following:
ADRIVA P. HOU (Name of Person)	ARD
ENCORE CLEANIA (Firm/Company)	NG SER VICES, ARE
2020 W. FAIR BAN (Address)	KAVE Suito AFEST
With Park A (City/State and Zip Code)	FL 3 2-789 FLORIDA
For further information concerning this matter, plea	ase call:
ADRINA D. How Mat (Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
325 Filing Fee	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: <u>ENCORE</u> <u>CLEAN ING SER</u>
2. The mailing address of the limited liability company is: 2020 W. FAIR BANKS.
AUE Suite # 10/ Wenter Park, Fl 32789.
04/14/2004 L04000028572
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the
Florida Department of State:  VICTORIA MENJEE  Name
2020 W. FAIR DANKS AVE, S. It
Winter Jack, FL 32789 City, State and Zip
6. The name and address of the new registered agent and/or office:
ADRINIA D. HOWARD
2020 W. FAIRBANKS AVE Sun
Florida street address (P.O. Box NOT acceptable)
Wigiterlanker 32789
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of office and the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the oblightions of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is fleing filed to merely reflect a change in the registered office address, I pereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)