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(Fi	Requestor's Name)	
(A	Address)	
(A	Address)	
. (0	City/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
. (В	Business Entity Nai	me)
(C	Occument Number)	, ·
Certified Copies	Certificate:	
Special Instructions to	o Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
	y Taylor's Cleaning Service LLC
/ Nan	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regist	ered Office Change and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
· · · · · · · · · · · · · · · · · · ·	
Sherry Taylor	
Name of Person	
Sherry Taylor's Cleaning S Firm/Company	Service LLC
5561 Highway 39	93
	() () () () () () () () () ()
Crestview, Fl 325	
City/State and Zip Code	
staylor33@embarqma E-mail address: (to be used for future annual	ail.com report notification)
For further information concerning thi	s matter, please call:
Sherry Taylor	at (850) 902-3123
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS	S: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the fo	llowing amount:
\$25 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. Name of the limited liability company:She	erry Taylor's Cleaning Service LLC	_	
2. (a) Principal office address of limited liability comp	pany: 5561 Highway 393	_	
(Note: MUST BE STREET ADDRESS)	Crestview,Fl 32539	<u>-</u>	
(b) Mailing address of limited liability company:	5561 Highway 393	_	
(Note: MAY BE POST OFFICE BOX)	Crestview, Fl 32539	- -	
08/06/09	L05000064665	_	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:		
Registered Agent:	All Florida Firm, Inc	_	
Registered Office Address:	465 S. Volusia Ave	- 	
	Drange City, M 5932763	<u> </u>	
(b) Enter name of NEW Registered Agent and/or !	NEW Registered Office address	35.33	
NEW Registered Agent:	Sileity layloi	5	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5561 Highway 393	- -	
	Crestview ,FL32539	-	
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 organization or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member			
Sherry Taylor Printed or typed name of signee			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	and agree to act in this capacity. I further agree to e proper and complete performance of my duties, by position as registered agent as provided for in the registered office of merely reflect a change in the registered office spany has been notified in writing of this change.	•	

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