L06000016688

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT . MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
A. LUNT						
JUN - 4 2009						

Office Use Only

EXAMINER



800151434828

06/02/09--01037--009 **25.00

SECRETARY OF STATE

COVER LETTER

	Division of Corporations						
SUBJI	ECT: RUCO'S Name of				VICE, LLC		na, angener
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered	Office (Change	and fee	e(s) are submitted for i	tiling.	
Please	return all correspondence concerning	g this m	atter to	the foll	lowing:		
	EDUARDO CANAS						
***************************************	Name of Person						•
						ĪĀ S	20
						LC)	9
	Firm/Company						2009 JUN -3
						ETAR	ယ် နိ
	14912 OLDGATE PL			_		<u> </u>	
	Address					Y OF STATE SEE, FLORIDA	64:11 HV
						SE SE	
	TAMPA, FLORIDA 33624	1		_		DET A	9
	City/State and Zip Code						
E-1	tonyveloz02@hotmail.com mail address: (to be used for future annual report	notification	on)				
For fur	rther information concerning this mat	ter, ple	ase call:				
	EDUARDO CANAS	at (813)	784-4127		
	Name of Person			Area Cod	e & Daytime Telephone Nun	nber	
	STREET/COURIER ADDRESS:		MA	ILING	ADDRESS:		
	Registration Section						
	Division of Corporations	Division of Corporations					
	Clifton Building P.O. Box 6327						
	2661 Executive Center Circle Tallahassee, Florida 32301		Tall	ahassee	, Florida 32314		
	·						
	Enclosed is a check for the following	ng am	ount:				
	√ \$25 Filing Fee		\$5	5 Filing	g Fee & Certified Cop	у	

INHS18 (5/08)

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:RUCC	S CLEANING SERVICE, LLC						
2. (a) Principal office address of limited liability company	3608 E. 25 th. AVE., 2710 CLUSTER AVE.,						
(Note: MUST BE STREET ADDRESS)	TAMPA FLORIDA 33605						
(b) Mailing address of limited liability company:	3608 E. 25th. AVE., 2710 CHUSTER AVE.						
(Note: MAY BE POST OFFICE BOX)	TAMPA, FLORIDA SEE 33605						
MÁY 19, 2009	L060000166882 2						
3. Date of filing/registration in Florida	4. Document number						
5. (a) Registered Agent and Registered Office shown on the records of the Florida Depte of State:							
Registered Agent:	EDITH LEON TO THE						
Registered Office Address:	3608 E. 2544. AVE., 2710 CLUSTER AVE. TAMPA, FLORIDA 330 3 3 6 5 5						
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :	W Registered Office address: EDUARDO CANAS						
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14912 OLDGATE PL TAMPA "FL 33624						
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. **Edith Legis** Signature of a member or authorized representative of a member**							
EDITH LEON Printed or typed name of signee	-						
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property and Lam familiar with and accept the obligations of my pochapter 608. P.S. Or, if this document is being filed to me address. Thereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sitjon as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.						

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