## 108000008228

,			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, ,			
(Document Number)			
(2000)			
Certified Copies Certificates of Status			
Octanod copies			
Special Instructions to Filing Officer:			





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SECRETARY OF STATE ALLAH4,SSEE, FLORIDA

APR IS AND.

## **COVER LETTER**

Division of Corporations				
SUBJECT: Clean Start All Around Clean (Name of )		oility Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered (	Office Chang	ge and fee(s) are submitte	ed for filing.	
Please return all correspondence concerning	this matter	to the following:		
Jacqueline Stuart				
(Name of Person)				•
Clean Start All Around Cleaning, LLC (Firm/Company)				
8611 NW 25th St.				
(Address)			<b>⊼</b> se	80
Sunrise, FL. 33332			OHA IONEI	APR
(City/State and Zip Code)	-	<del></del>	ARY (	IG A
For further information concerning this mat	ter, please c	all:	of State Florida	108 APR 16 AM 10: 34
Michael A. Politi	at (786	) 326.1479		
(Name of Person)		(Area Code & Daytime	e Telephone Nu	ımber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R E P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
Enclosed is a check for the followi	ng amount:			
<b> √</b>  \$25 Filing Fee	П	\$55 Filing Fee & Certific	ed Copy	

TO: Registration Section

## 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.

agent, or both, in the State of Piortaa.		
1. The name of the limited liability company i	S: Clean Start All Around Cleaning, L	<u>LC</u>
2. The mailing address of the limited liability	company is : <u>8611 NW 25th St.</u>	
Sunrise, FL. 33332		
January 23, 2008	L08000008228	
3. Date of filing/registration in Florida	4. Document nun	nber
5. The name of the registered agent and the reg Florida Department of State:	gistered office address as shown of	on the records of the
Michael A. Politi		
	Name	
8611 NW 25th St.		
*	Address	
Sunrise, FL. 33332		
Cit	y, State and Zip	
6. The name and address of the new registered	agent and/or office:	
Jacqueline Stuart		08 APR SECRET
• • • • • • • • • • • • • • • • • • • •	Name	₹3. <del>4</del>
8611 NW 25th St.		
Florida street addre	ess (P.O. Box NOT acceptable)	FILED 16 AH 18ARY OF SSEE, FL
Sunrise, FL. 33332		——————————————————————————————————————
City,	, State and Zip	AH IO: 34 OF STATE E. FLORIDA
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that to the members of the limited liability comparor the operating agreement of the limited liabil	made, the Florida street address will be identical. Or, in the case he change(s) was/were authorize	Florida, it is hereby of the registered office of a Florida limited d by an affirmative vote
M. Solle		
(Signature of a member or authorized representative of a men		
Jacqueline Stuart Michael	TOLITI	
(Printed or typed name of signee)		
I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligation of the control of the con	agent and agree to act in this ca ive to the proper and complete po ons of my position as registered of g filed to merely reflect a change lity company has been notified ir	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.

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