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S. HAWKES
FEB 2 3 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Correct Cleaning Solutions, LLC			
Name of Limited 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 matter to the following:			
STEVEN NEGRON Name of Person			
CORRECT CLEANING SOLUTIONS, LLC Firm/Company			
1940-45th AV-L Address			
VERO BEACH FL 32966 City/State and Zip Code			
B-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
ANDREA NEGRON at (772) 539-2335 Name of Person Area Code & Daytime Telephone Number			
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee & Certified Copy			

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:C	orrect Cleaning Solutions. I	LC
2. (a) Principal office address of limited liability compa	my;	
(Note: MUST BE STREET ADDRESS)	1940 45th Avenue Vero Beach, FL 32966	5 6 F
(b) Mailing address of limited liability company:		E 13 1
(Note: MAY BE POST OFFICE BOX)	1940 45th AVE VEROBEACH FO	SE OF THE
02/11/2008	L08000015054`	95
3. Date of filing/registration in Florida	4. Document number	97
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept.	of State:
Registered Agent:	CORPORATION SERVICE	COMPANY
Registered Office Address:	1201 HAYS STREET	
	TALLAHASSEE FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:	
NEW Registered Agent:	Incorp Services, Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17888 67th Court North	
	Loxahatchee ,I	FL33470
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other than the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the regist atical. Or, in the case of a Florida (s) was/were authorized by an affir	ered office limited mative vote
STEVEN NEGRON		
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa	agree to act in this capacity. I fur proper and complete performance position as registered agent as pro perely reflect a change in the regis my has been notified in writing of t	ther agree to of my duties, vided for in tered office this change.

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