## L08000015797

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**EXAMINER** 

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Jot Clean W (Name of Li	Maintenance Sources, LLC mited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Victor CAMORA (Name of Person)	· · · · · · · · · · · · · · · · · · ·
(Firm/Company)	
97/6 NW 2957 (Address)	<del>`</del>
Dovol, FC 33172 (City/State and Zip Code)	
For further information concerning this matter	, please call:
(Name of Person)	at ( <u>1786</u> ) <u>285 - 9570</u> (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	amount:
☐\$25 Filing Fee	\$1 \$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:
	2. The mailing address of the limited liability company is: 9716 Nw 29 st. Dovol.
	FL 33172
	02/13/2008 LOB000015797
	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:
	AIA Registend AgoNT, INC
	5647 110th Que MORTH
	Noyal Paly Beach FL 33411 City, State and Zip
	6. The name and address of the new registered agent and/or office:
	Victor Canara
	9716 Nw 295t
	Florida street address (P.O. Box NOT acceptable)
	Dotal FL 33172
	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 organization or the operating agreement of the limited liability company.  (Signature of a member of authorized representative of a member)
	Victor CAHARA
	(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 obligations of my position as registered agent as provided for in Chapter 608, F.S./Or, if this document is being filed to merely reflect a change in the registered office address of the property confirm that the limited liability company has been notified in writing of this change.
	(Signature of Registered Agent)
	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**