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(Re	equestor's Name)	
(Ad	dress)	
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, (Cit	ry/State/Zip/Phon	e #)
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C. LEWIS

JUL _8 2010

EXAMINER

COVER LETTER,
TO: Registration Section Division of Corporations
SUBJECT: Clean Air & SVCS 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:
Melissa Du Z Name of Person
Cloan Air SVCS LLC Firm/Company
500 Haverhill Lane
Safety Harbor, FL 34695 City/State and Zip tode
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melissa Diez at (727) 4750283
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:

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

, Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in orde agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered
1. Name of the limited liability company:	Ir SVCS LLC
2. (a) Principal office address of limited liability company	•
(Note: MUST BE STREET ADDRESS)	500 Haverhill Lane Safety Harbor, P.34695
(b) Mailing address of limited liability company:	-
(Note: MAY BE POST OFFICE BOX)	500 Have Mill Lane Safety Harbor, Pl 34695
10/13/08	LØ8ØØØØ96291
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Thomas GDIEZ
Registered Office Address:	500 Haverhill Cane Safety Harrow, PC 34695
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	V Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	"FL
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Melissa A Dipz Printed or typed name of signee	
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provisions of and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	
Signature of Registered Agent	ASEC T
Division of Corporations, P.O. Box 632 FILING FEE: \$2	

INHS18 (05/08)