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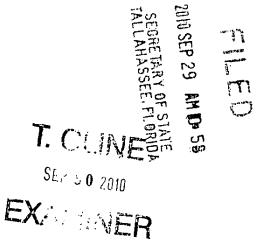
| (Requestor's Name) | | |
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| (Address) | | |
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| (City/State/Zip/Phone #) | | |
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| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |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



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COVER LETTER •

| Division of Corporations | • | |
|---|---|--|
| SUBJECT: Now That's Clean Con Name of Limited Lie | mmercia / Residentia / LLC ability 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 | r to the following: | |
| Calvin Brown Name of Person | -1/2-1-1-110 | |
| Now That's Clean Commerci | al residential, LLC | |
| Rockledge FL 32955 City/State and Zip Code | 2019 SEP 29 AM D 58 SEGRETARY OF STATE TALLAHASSEE. FLORIDA | |
| Clbrown Kor & yahoo. Com E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Calvin Brown at (36) Name of Person | 21) 638-1229 Area Code & Daytime Telephone Number | |
| Registration Section Division of Corporations Clifton Building | 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 | \$55 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: Now Tha | 1.5 Clean Commercial/Residential, LLC | |
|---|--|--|
| 2. (a) Principal office address of limited liability compan | y: 925 Brookview Lane | |
| (Note: MUST BE STREET ADDRESS) | Rockledge FL 32955 | |
| (b) Mailing address of limited liability company: | Same As Above | |
| (Note: MAY BE POST OFFICE BOX) | | |
| Sep 26, 2010 | L08000114405 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | |
| Registered Agent: | Corporation Service Company | |
| Registered Office Address: | 1201 Hays Street Tallahasske 17 = 32 = 01 | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address S | | |
| NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 925 Brookview Fin 32955 | |
| 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 or authorized representative of a member 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 auties, 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, I hereby confirm that the limited liability company has been notified in writing of this change. | | |
| Construe of Peristered A cent | | |

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