L09000049080

(Requ	estor's Name)						
(Addre	ess)						
	·						
(Addre	966)						
(i idan	200)						
(City/S	State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Busir	ness Entity Nar	me)					
, in the second	-						
/Deci-	ıment Number)						
(Docu	ment Rumber)						
Certified Copies	Certificates	s of Status					
Special Instructions to Fil	ing Officer						
	ing Onioci:						

Office Use Only



000263381520

08/19/14--01024--004 **25.00

SECRETARY OF STATE ORIDA

LLC RAPRO Charge

AUG 27 2014 T. CARTER

COVER LETTER

	stration Section tion of Corporations		
SUBJECT:	Factum Enterprises, LLC		
	Nam	e of Limited Li	ability Company
Dear Sir or M	fadam:		
The enclosed	Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.
Please return	all correspondence concerning thi	s matter to the	following:
Todd Spoh	n		
	Name of Person	•	_
Factum En	terprises, LLC		
	Firm/Company		-
14121 NW	8th Street		
	Address		
Sunrise, Fl	33325		
	City/State and Zip Code		
tspohn@pu	uroclean.com; support744@p	ouroclean.coi	m
E-mail a	address: (to be used for future ann	ual report notifi	cation)
For further in	formation concerning this matter,	please call:	
Gina Black	burn	954 at (233-1100
	Name of Person	\	Area Code & Daytime Telephone Number
Regis Divis Clifto 2661 Talla	stration Section ion of Corporations ion Building Executive Center Circle hassee, Florida 32301	Reg Div P.C Tal	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314
_	5: Filing Fee		5 Filing Fee & Certified Copy
INHS18 (2/14)			,

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: Factum Enter	erprise	s, LLC			
2.				b)			
,	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited	•	
		14121 NW 8th Street		14121 N	NW 8th Street		
		Sunrise, FL 33325	_	Sunrise	, FL 33325		
		08/11/2014		L090000	49080		
3.		Date of filing/registration in Florida	- 4.		Document number		
5.	(a)	Julia Spohn					
٥.	(α)	Registered Agent and Registered Office shown on the records of	te;				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				7 20	
		5205 NW 108th Avenue			_	1	
		Sunrise , FL	3335	1			
	(b)	Todd Spohn					
•	.07	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	AH II: 38	00 1
		•				33	<u> </u>
		NEW Registered Office Address:	*		_		
		14121 NW 8th Street			_		
		Sunrise , FL	3332	25	_		
the age was	cha ntw /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- ore authorized by an affirmative vote of the members of class of organization or his operating agreement of the	the regability confither the confiture of the line of the line confiture of the line of th	istered offic ompany, it nited liabili	ce and the business offi is hereby confirmed that ty company or as other	ice of that the c	he registered hange(s)
			То	dd Spohn			
Si	gnat	ure of a member or authorized representative of a member			Printed or typed name of	signee	
l h pro the to n not	ereb <u>visi</u> obli nere ified	oy accept the appointment as registered agent and agr ons of all stantes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I i I in writing of this change:	ee to ac perforn d for in hereby c	t in this cap lance of my Chapter 60 confirm thai	pacity. I further agree duties, and I am famil 5, F.S. Or, if this docu t the limited liability co	to com iar witi iment is impany	ply with the h and accept s being filed has been
Sio	natu	re of Registered Agent					