(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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DEC 21 2009

**EXAMINER** 



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12/18/09--01004--010 \*\*25.00

## **COVER LETTER**

Division of Corporations		
SUBJECT: Eclean C	Global Services LLC	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Adrian Brion	<del></del>	
Name of Person		
Form-A-Corp		
Firm/Company		
4400 PGA Blvd., Suite 900		
Address	<del></del>	
Palm Beach Gardens, FL 33410		
City/State and Zip Code	<del></del>	
ahrion@incornorate101.com		
abrion@incorporate101.com E-mail address: (to be used for future annual report notific	ation)	
For further information concerning this matter, p	please call:	
Abrion Brion at	( 561 ) 935-4660	
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 an	mount:	
\$25 Filing Fee	\$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.

Name of the limited liability company:	Eclean Global Services LLC	
2. (a) Principal office address of limited liability comp	eany: 777 South Flagler Drive	
(Note: MUST BE STREET ADDRESS)	West Tower, Suite800	
	West Palm beach, FL 33401	
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	777 South Flagler drive	
	West Tower, Suite 800	
(Note: MAT BETOST OFFICE BOX)	West Palm Beach, FL 33401	
9/15/2009	L0900088713	
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:	Joe Decort	
Registered Office Address:	11113 BUGENHAGEN DR. ORLANDO, FL 32832  ORLANDO, FL 32832  ORLANDO	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	Form-A-Corp ROPES IAL Suite 900 STATES	
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 member of authorized representative of a member		
Dow Chasan		
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 pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to haddress, I hereby confirm that the limited liability company of DM On behalf of Form A-(010)	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any 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