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COVER LETTER

Registration Section
Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: Absolte Pressure Cleaning Services LLC Name of Limited Liability Company					
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:					
Edwin Ayes Name of Person					
Absolde Pressure Cleaning Services Firm/Company					
510 SE St Ave #1.	202				
Fort Lauderdale, F2 33301 City/State and Zip Code					
in to absolute pressure cleaningservices. com E-mail address: (to be used for future annual report nonfication)					
For further information concerning this matter, please call:					
Edwh Ayer at (954) 347 3659					
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301	Tarianassee, Florida 32314				
Enclosed is a check for the following amount:					
\$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 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. Nan	ne of the limited liability company: Assalo	te Pressure	Cleaning	Services LLC
		(b)		
- · (-) -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	M	ailing address of limite	
	510 SE 5th Ave #12	02 510	SE Sh	Ave #1202
	Fort Lauderdale FL 3330			
	12/2/09	<u> </u>	90001148	38
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Edwa Ayer			
İ	Registered Agent and Registered Office shown on the records of the state of the sta	he Florida Dept. of State:	Be ED	WIN AYER
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	374	I FARMINGTON
	Fort Levelerdates, ft	53301		INTATION FZ?S
	Fort Lastodole 4. 11.	3370+	FLA	WTATION FLSS
(b) _	Edvin Ayes			
(-, -	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		700 7
	<i>H</i>	_		
	STO SE 5th Attention of the NEW Registered Office Address:	<u>e</u>		552 = 11
				T9 2 in
	# 1202		i ;	54 .
	Fort landerdale ,FL	33301		86
If the lir	nited liability company is not organized under the lav	ws of the State of Flo	rida, it is hereby co	onfirmed that after
the char	nge or changes are made, the Florida street address of	the registered office	and the business o	ffice of the registered
agent w was/wei	ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of	ibility company, it is of the limited liability	nereby confirmed company or as oth	that the change(s) rerwise provided in
	eles of organization or the operating agreement of the	limited liability com	pany.	•
	KA		dwin Aye	<u></u>
_	re of a member or authorized representative of a member		Printed or typed name	of signee
I hereb provision the obligato to mereb notified	y accept the appointment as registered agent and agr ins of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I i in writing of this change.	ee to act in this capa performance of my a d for in Chapter 605, hereby confirm that t	acity. I further agre luties, and I am fan F.S. Or, if this do he limited liability	ze to comply with the niliar with and accept cument is being filed company has been
Signatur	of Registered Agent			