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Office Use Only



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10 JUN 23 PH 12: 55
SECRETARY OF STATE ALL AHASSEE, FLORID

J. BRYAN

JUN 2 4 2010

**EXAMINER** 

## COVER LETTER

TO: Registration Section	
Division of Corporations	
	, •
SUBJECT: Verile Cleaning	
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
	• •
Shave Calleria	
Shaun & Keyer Name of Regison	
	TALE SEE
Verde Cheaning	
· · · · · · · · · · · · · · · · · · ·	PSSS 2
3040 Oas 15 Grand	BLvd #1907
Address	ORTH SS
F-4 my El 33911	The second secon
City/State and Zip Code	
	· · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter,	please call:
Shain Beyer a	(513) 600 - 8400
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section : 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 a	mount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
The Tara Linia Lee	The partition of the second 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: Vende	Chegning		
2 (a) Principal office address of limited liability company	3040 Oas's Grand Blud#		
(Note: MUST BE STREET ADDRESS)	Fortmyrs, FL 33916		
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	PECCE		
3 - 2 - 2010  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:	Shave C Keyer		
Registered Office Address:	10189 IDL Pine Lane 34135		
•			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Shave Crkeyer		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Fortmyers: FL 33916		
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	<del>-</del> ···		
Printed or typed name of signce	<u>.</u>		
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the pr and I am familiar with and accept the obligations of my pa Chapter 608, F,S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in wely reflect a change in the registered office by has been notified in writing of this change.		

Signature of Registered Agent