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To:

Division of Corporations

. INFINITY PROFESSIONAL SERVICES GROUP INC

Number: 120140000100

Phone : (855)450-4774

Fax Number : (855)450-7774

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

\*\*Email Address: orders@rasi.com

CC

LLC PEC

## SOAPHIA LAUNDRY CENTERS, LLC

Certificate of Status	0
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Help (Liberty

## COVER LETTER

ΓO: Registration Section Division of Corporations				
SUBJECT: Soaphia Laundry Centers, LLC				
Name o	e of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Chang	e and f	ec(s) are submitted for filing.	
Please return all correspondence concerning this n	natter t	o the fo	ollowing:	
Zachary Keenan				
Name of Person			_	
Infinity Professional Services Group Inc.				
Firm/Company			_	
6300 S. Sixth St.				
Address			_	
0. 1. (1.) 11. (27.12				
Springfield, IL 62712			_	
City/State and Zip Code				
repsupport@infinitypsgi.com				
E-mail address: (to be used for future annua	il repor	t notifi	cation)	
For further information concerning this matter, pl	lease ea	all:		
Zach Keenan	at (	217	, 645-6457	
Name of Person	_ 41 (		Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following a	mount	:		
= S25 Filing Fee		- s:	55 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.

i.	Na	me of the limited liability company: Soaphia Laundr	y Centers	s, Ll	LLC
2.	(a)			(b)	b)
	1-7	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	*****	(-)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		22003 Harper Ave			Post Office Box 213517
		St Clair Shores, MI 48080			West Palm Beach, FL 33421
•		08/24/2010		L	Li0000088882
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Metzger, John TESQ.			•
***	1113	Registered Agent and Registered Office shown on the records of	of the Fior	ida I	ia Dept. of State:
		Registered Office Address	TADDRE	353	<u> </u>
		505 S. Flagter Drive Suite 300			<b>020</b>
		Wesi Palm Beach , I			7020 OCT 30
(1	(b)	B) Registered Agent Solutions, Inc.			months in the second se
	` .	Uniter name of NEW Registered Agent and/or NEW Registered Office address:			ddress: $\frac{1}{12}$ $\frac{1}{12}$ $\frac{1}{12}$ $\frac{1}{12}$
		155 Office Plaza Dr.			59
		NEW Registered Office Address:			
		Suite A			
		Tallahassee , I	L32301		
chi aga wa the	ange ent v is/we : arti	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ie registe liability of the li e limited	erec con imit d lia	ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
	ຮີໂຊຼກຄ	ture of Contains or authorized representative of a member	<u>. F</u>	) E	Printed or typed name of signer AGEST
pri the to no	ovisi ner tifici	one of all elandee relative to the proper and complet	O THEFT	717/16	et in this copacity. I further agree to comply with the nance of my duties, und I am familiar with and accer Chapter 605, F.S. Or. if this document is being filed confirm that the limited liability company has been
	c*- 1*** 64	and the state of t			