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(Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	of Status	
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Special Instructions to I	Filing Officer:		
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Office Use Only



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J. SAULSBERRY **EXAMINER** NOV 3 0 2011

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:		leaning Service, LLC l Liability Company	
Dear Sir or Madam:		,	
The enclosed Registered Agent/F	Registered Office (Change and fee(s) are submitted fo	r filing.
Please return all correspondence	concerning this ma	atter to the following:	
Michael 1	Montenaro		
College Girl ClE	on	ELLL.	ZOIL NOV ZO
Firm/Compan 424 Hillcrest St. Address	9 🔾		SECRETARY OF STATE SECRETARY OF STATE
Orlawdo, FL City/State and Zip	31803 Code		A
E-mail address: (to be used for future	lege a irl CleAMIM annual report notification	<u>a Service.</u> com	
For further information concerning	ng this matter, plea	se call:	
Michael Mon Name of Person	+enalo at _	407-879-7763 Arca Code & Daytime Telephone No	amber
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for t	he following amo	unt:	
\$25 Filing Fee		\$55 Filing Fee & Certified Co	ру

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:	College Girl Cleaning Service, LLC
2. (a) Principal office address of limited liability	company:
(Note: MUST BE STREET ADDRESS)	424 Hillcrest St., Orlando, FL 32803 US
(b) Mailing address of limited liability compan	y: 424 Hillcrest St., Orlando, FL 32803 US
03/29/2011	L11000037607
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept, of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 Hays Street Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent:	d/or NEW Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	17888 67th Court North Signal SSS) Loxahatchee ,FL33470
and the business office of the registered agent will liability company, it is hereby confirmed that the coff the members of the limited liability company or or the operating agreement of the limited liability of the liability of the limited liability of the liability of the liability of the liability of the liability of	de, the Florida street address of the registered office
Signature of almember or authorized representative of a member Michael South Montenance Printed or typed name of signee	
••	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.
on behalf of InCorp Services, In- Signature of Registered Agent	<u>c.</u>

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00