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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 0 2 2012
EXAMINER

COVER LETTER

Registration Section

Division of Corporation	ıs	•		
SUBJECT:	JessBarr Cle	eaning Serv	rices LLC	
	Name of Limite			
Dear Sir or Madam:				
The enclosed Registered Agent	/Registered Office	Change and fe	e(s) are submitted fo	or filing.
Please return all correspondence	e concerning this n	natter to the fol	llowing:	
Gillian E Name of Pe		 		
JessBarr Cleaning Firm/Comp		TO THE STATE OF A STATE OF THE		12 NA SECRE TALLAH
P.O. Box Address	47475			MAY - 1 MAY CRETARY OF LAHASSEE, I
Tampa, Flor City/State and 2				OF STATE FLORIDA
jesbarcleaning E-mail address: (to be used for futu	@gmail.com re annual report notificati	on)		
For further information concern	ning this matter, ple	ase call:		
Gillian Barrett	at (813)	317- 4712	
Name of Person		Area Coo	le & Daytime Telephone N	lumber
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cit Tallahassee, Florida 3230	rcle	Registration of P.O. Box 6:	Corporations	
Enclosed is a check for	the following amo	ount:		
\$25 Filing Fee		\$55 Filing	g Fee & Certified Co	ору

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:	sBarr Cleaning Services LLC		
2. (a) Principal office address of limited liability company	18418 Meadow Blossom Lane		
(Note: MUST BE STREET ADDRESS)	Tampa, Florida 33647		
(b) Mailing address of limited liability company:	P.O. Box 47475		
(Note: MAY BE POST OFFICE BOX)	Tampa, Florida 33646		
April 2011	41000042997		
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:	The company corporation ₹		
Registered Office Address:	2711 Centerville Road ♣		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address:	Gillian Barrett		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	18418 Meadow Blossom Lane		
	<u>Tampa</u> ,FL <u>33647</u>		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member Printed or typed name of signee	ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the lymited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.		

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

Signature of Registered Agent