L1200098210	
(Requestor's Name) (Address) (Address)	900242408319
(City/State/Zip/Phone #)	12/07/1201028007 **55.00
Special Instructions to Filing Officer: Office Use Only B. KOHR DEC 1 0 2012 EXAMINER	12 DEC -7 PH 4: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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#### **COVER LETTER**

TO: Registration Section Division of Corporations

# **SUBJECT:** Alpha Omega Cleaning Solutions, LLC

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:

## DanielChareunsab

Name of Person

### Alpha Omega Cleaning Solution, LLC

Firm/Company

## 2850 Delk Rd. Apt. 54E

Address

Marietta, GA 30067

City/State and Zip Code

#### daniel@alphaomegacleaningsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### **Daniel Chareunsab**

Name of Person

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 727 656-0792 Area Code & Daytime Telephone Number

REGIE AND SEE. FLOR

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

S55 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 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.

2850 Delk Rd. Apt. 54E
L12000098210
4. Document number
the records of the Florida Dept. of the records
Deniel Charounseb
1861 Orange Boulevard Way
Palm Harbor, FL 34683
W Registered Office address:
17868 67th Court North
Loxehatchee FL 33470
t

Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I an familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608 F.S. Or, if this document is being filed to merely reflect a change in the registered office and results, I hereby confirm that the limited lightility company has been notified in writing of this change. Signature of Registered Agent

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

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