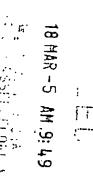


(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	9



600309480166

03/05/18--01025--002 **25.00



Office Use Only

MAR 0 8 2018

Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FSland Cleaning UC 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:		
Carry Spidel Name of Person		
ISland Cleaning LC Firm/Company		
2403 Avenue C Address		
Exact FL3427 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (A41), 20 - 5558 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 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 \$\Bigsim \\$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.

1. Na	ame of the limited liability company: Island Cleaning UC
2. (a)	1407 83rd St NW (b) DD Box 1334
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Pradentin PL 34209 Holmes Beach PL
	34218
	1 1
	9 4 12012
3.	Date of filing/registration in Florida 4. Document number
5. (a)	ERICKA JOHNSTON Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	1407 836 St NW Bradenton FL34209
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	, FL
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	Quidanta Recab
	EXAMPLE DEACH.
	FL 34217
	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agent y	inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
	cre authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in selection of the operating agreement of the limited liability company.
	ture of a member or authorized representative of a member ERICKA JOHNSTON Printed or typed name of signee
I herei	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provisi	ons of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been
notified	in viriting of this change.
Signatu	re of Registered Agent

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