1130000 84111

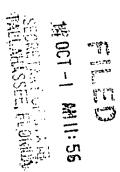
(Requestor's Name)						
(Address)						
,						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





800263332478

10/01/14--01008--008 **25.00



OCT 1.0 2014

C. CARROTHEMS

COVER LETTER

TO:

Registration Section

Division of Corporations	Division of Corporations							
PRO-CLEAN CLEANING AND RESTORED	PRO-CLEAN CLEANING AND RESTORATION 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 t	he following:							
ROMY SANTANA								
Name of Person								
PRO-CLEAN CLEANING AND RESTORATION L	LC							
Firm/Company								
826 MESSINA AVE.								
Address								
CORAL GABLES, FL 33134								
City/State and Zip Code								
PROCLEANTEAMS@GMAIL.COM								
E-mail address: (to be used for future annual report no	otification)							
For further information concerning this matter, please call:								
ROMY SANTANA 305	335-4640							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
	Registration Section							
	Division of Corporations							
<u> </u>	P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301								
Enclosed is a check for the following amount:								
■ \$25 Filing Fee	\$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	me of the limited liability company:	EAN CL	EAN	IING AND	RESTORATION LLC	
2	(a)			(b)	JALLAHASSEE, FLORIDA	
	(4)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		12875 ELMFORD LN.			P.O. BO	X 970111	
		BOCA RATON, FL 33428			BOCA R	ATON, FL 33497	
		06/10/2013			L1300008	.13000084111	
3.		Date of filing/registration in Florida	,	4.		Document number	
5.	(a)	ROMY SANTANA					
٥.	(4)	Registered Agent and Registered Office shown on the reco	ords of the	Florida	Dept. of State	• 3:	
		PRO-CLEAN CLEANING AND RESTO	PATIO	N LL	C		
		Registered Office Address (MUST BE FLORIDA ST	REET ADI	RESS)	•	
		12875 ELMFORD LN.				_	
		BOCA RATON .FL3					
			, r.b			•	
	(b)						
	` '	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>			ce address:		
			· - · - · - ·	· · · · ·	^		
		NEW Registered Office Address:			 · · · · · · · · · · · · · · · · · 	•	
		826 MESSINA AVE.					
		CORAL GABLES	_, _{FL} 33	134			
Ιf	he li	mited liability company is not organized under	the lawe	of the	State of Flo	orida it is hereby confirmed that after	
the	cha	nge or changes are made, the Florida street addr	ress of the	regis	stered office	and the business office of the registered	
Wa	s/we	vill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the mem	ibers of th	ie lim	ited liabilit	y company or as otherwise provided in	
the	arti	cles of organization or the operating agreement	of the lim	_	_*		
_		fire of a member or authorized representative of a member		HO	MY SANT		
	1		nd aanaa	to act	in this can	Printed or typed name of signee	
pro the to	ovisie obli mere	by accept the appointment as registered agent arons of all statutes relative to the proper and con igations of my position as registered agent as prily reflect a change in the registered office address writing of this change.	na agree npleie pei rovided fo ess, I her	to act forma or in C eby co	in inis cape ance of my e Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been	
ब		c of Registered Agent					

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