

L13000 155 164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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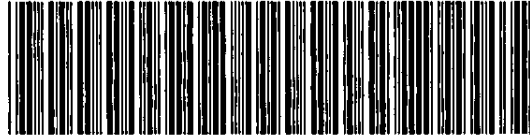
(Business Entity Name)

(Document Number)

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2016 FEB -5 PM 12:38
J. HARRIS
TALLAHASSEE FLORIDA

FEB 08 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Better View Window Cleaning, 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:

Roberto Oms
Name of Person

A Better View Window Cleaning, LLC
Firm/Company

2221 NW 7th St
Address

Cape Coral, FL 33993
City/State and Zip Code

Rob302413@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Oms at (239) 257-8119
Name of Person 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

☐ \$55 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 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. Name of the limited liability company: A Better View Window Cleaning LLC

2. (a) 2221 NW 7th St

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Cape Coral FL 33993

(b) 2221 NW 7th St

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Cape Coral FL 33993

3. 11-4-2013
Date of filing/registration in Florida

4. L13000155164
Document number

5. (a) Jonadab Rivera
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

920 NW 12th PL
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Cape Coral, FL 33993

(b) Roberto Oms
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2221 NW 7th St.
NEW Registered Office Address:

Cape Coral, FL 33993

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Jonadab Rivera
Printed or typed name of signer

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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