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R. WHITE FEB 2 0 2013

COVER LETTER

TO: Registration Section **Division of Corporations** DEPENDABLE POOL CLEANING SERVICE SUBJECT: 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: **VIOLET PAYNE** Name of Person DEPENDABLE POOL CLEANING SERVICE Firm/Company 9441 NICHOLS LAKE ROAD Address MILTON, FL 32583 City/State and Zip Code vpdennisviolet0@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **VIOLET PAYNE** 850 5012253 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☑ \$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida

(a)	9441 NICHOLS LAKE ROAD	(b) 94	41 NICHOLS LAKE ROAD
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	31 DECEMBER 2013	L13	000178283
	Date of filing/registration in Florida DENNIS PAYNE	4.	Document number
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of St. 9441 NICHOLS LAKE ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		t, of State:
	MILTON , F	32583	2019 FI
	VIOLET PAYNE		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	9441 NICHOLS LAKE ROAD		AMIII: 50
	NEW Registered Office Address:	 	—————————————————————————————————————
	MILTON ,F	L 32583	
cha ent w is/we arti	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the unit of a member or authorized representative of a member	of the registere lability compa of the limited e limited liabil	d office and the business office of the register my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	U		Printed or typed name of signee
ierek ovisio obli	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I	ree to act in the performance ed for in Chap	his capacity. I further agree to comply with to of my duties, and I am familiar with and accorder 605, F.S. Or, if this document is being fill my that the limited liability company has been