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	(Rē	questor	's Name	∍)	
	(Ad	ldress)			<u> </u>
	(Ad	ldress)			
	(Cit	ty/State/	Zip/Pho	ne #)	
PICK-U	Р		WAIT		MAIL
·····	(Bu	siness E	Entity Na	ame)	
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Certified Copies		_ c	ertificate	es of	Status
Special Instruction	s to	Filing O	fficer:	.	

Office Use Only



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C. LEWIS

JUL 23 2014

EXAMINER

COVER LETTER

TO: Registration Section bivision of Corporations	
SUBJECT: ISland Breeze Name of	Cleaning Services, LLC 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 n	natter to the following:
Denise Powell Name of Person	
Island Breeze Cleaning S Firm/Company	services, LLC
11892 West Sample R Address	<u>d.</u>
Coral Springs, FL 33 City/State and Zip Code	0065
islandbreeze Cleaning a ac E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter, pl	ease call:
Denise Powell Name of Person	at (954) 234.905 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 an	\$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: <u>ISland Breeze Clea</u>	ning services) <u> </u>	LC_
2. (a)	(b)			_
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liabi (Note: MAY BE POST OF)		
		2 W. Sam	1	
	Coral Springs, FL 33065 Cora	al Springs,	FL	<u>330</u> 4
3.	Date of filing/registration in Florida 4.	Document number	3_	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	_		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_		
	1201 Hoys Street	_	14	SE'S
	Tallahassee , FL 32301	_	الال	ON ON THE
(b)				2008 87.00 13.11
. ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:	_	AH IO:	F ST
	Denise Pawell	<u></u>	5.9	VIIONS
	NEW Registered Office Address: 11892 West Somple Rd	_		
	Coral Springs FL 33065			
		— 	مطاءاتمد	4 a ft a m
the cha	imited liability company is not organized under the laws of the State of F ange or changes are made, the Florida street address of the registered offic will be identical. Or, in the case of a Florida limited liability company, it	ce and the business office is hereby confirmed that t	of the i the chai	registered nge(s)
the art	ere authorized by an affirmative vote of the members of the limited liabilities of organization or the operating agreement of the limited liability co	mpany.	-	ided in
<u>Sing</u>	Denis	Printed or typed name of sig		
I here	by accept the appointment as registered agent and agree to act in this ca	nacity. I further goree to	comply	with the
provis the ob to mer	ions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60 rely reflect a change in the registered office address, I hereby confirm that the writing of this change.	v duties, and I am familian 05, F.S. Or, if this document of the limited liability comp	with a ent is be pany ha	nd accept eing filed is been
Signat	ure of Registered Agent			