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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP	WAIT	· MAIL		
(Business Entity Name)				
(Coomico Cimi , / Lime,				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

Division of Corporations				
SUBJECT: Swell Cleaning Services, 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:				
Christine Bedard Name of Person				
Swell Cleaning Services Firm/Company				
PO Box 823634 Address				
Pembroke Pines, FL 33082 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Christine Bedavd at (954) 552-7898 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				

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: SWENCLEANING S	ervices	
2.	(a)	5614 SW 103rd ave (b) DO	Box 823634	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		^	broke Pines, FL 33082	
3.		Date of filing/registration in Florida 4.	100013174 Document number	
			Document number	
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	ate:	
	5614 SW 103rd ONE			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	(b)	Christine Bedard Enter name of NEW Registered Agent and/or NEW Registered Office address: 1769 Sw 8th Ct NEW Registered Office Address:	TELED 16 NOV 21 PN 4: 36 DIVESION OF CORR DE ACTION	
		Pembroke pines , FL 3302 9 imited liability company is not organized under the laws of the State of F		
age	ent v	nge or changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability company, it	is hereby confirmed that the change(s)	
the	arti	ere authorized by an affirmative vote of the members of the limited liability co	mpany.	
_	ignat	ure of a member or authorized representative of a member	Printed or typed name of signee	
I l pro the to no	nerel oviși obli mere tified	by accept the appointment as registered agent and agree to act in this calons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 60 ly reflect a change in the registered office address, I hereby confirm that it in writing of this change.	nacity. I further agree to comply with the	