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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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2019 FEB 27 PM 4: 43 SECRETARY OF STATE TALLAHASSEF, FLORIES

APPROVED AND FILED

7.05/19

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Clean Arr of Cln Name of Limit	tral Florida, L	LC_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Dietrich Jenkins Name of Person		
Clean Ar of Central Flor	21 DA, LLC	2019
178 12th Ave Address		FILEU 19FEB 27 P RECRETARY O ALLI MHASSEE
Longwood, FL 32150 City/State and Zip Code		PH 4: 43 OF STATE
CLEAN AIRCEL & Amail. Cor E-mail address: (to be used for Juture annual report	notification)	
For further information concerning this matter, please cal	II:	
Dietrich Jenkins at (3) Name of Person	21 <u> </u>	one 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:		

☐ \$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 compa submits the following statement in order to change its registered office or registered agent, or both, in the State Florida. EAN) Air of Name of the limited liability company: (b) Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OF FICE BOX) (Note: MUST BE STREET ADDRESS) Date of filing/registration in Florida 3. Document number (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: 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 of a member or authorized representative of a member Printed or typed name of signee 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.

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)

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