## L14000056489

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
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(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Dann y Cham Name of Limit	pion Cleaning LL C
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:
Alfred D Champio	<u> </u>
Danny Champion C	leaning 21C
12653 Hidden Cir	E
Tackson ville [-] City/State and Zip Code	32225
E-mail address: (to be used for future annual report	aol- com notification)
For further information concerning this matter, please ca	11:
Alfred D (hampin at ()	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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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 o	e of the limited liability company:	ny Champion	Cleaning 220
2. (a)	, ,	(b)	
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing addres	s of limited liability company:  / BE POST OFFICE BOX)
	12653 Hidden Cir E	12653	Hidden Cir E
	Jax, FL 32225	Jax	FL 32225
3.	Date of filing/registration in Florida	4. Document	00 564 89 number
5. (a)	Cheyenne Moseley, US egistered Agent and Registered Office shown on the records of the	Corp Agents	
Ü	Inited States Corporation  egistered Office Address (MUST BH FLORIDA STREET A	Agents, Inc.	FILED FILED FILED
4	13302 Winding Oak (	ourt	Series R
1	Tampa FL 336/2H		FLORITE STATE
(b)	Audrey M Champ	10n	A BET OF
Ente	nter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	omice address:	-
NEV	EW Registered Office Address:  12653 Hidden C	ir E	
	Tucksonville ,FL	32225	
the change of agent will be was/were at the articles of the ar	ited liability company is not organized under the law e or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited lial authorized by an affirmative vote of the members of soft organization or the operating agreement of the law for a member or authorized representative of a member	he registered office and the bus pility company, it is hereby con the limited liability company of imited liability company.	siness office of the registered firmed that the change(s)
I hereby ac provisions of the obligation to merely re notified in w	accept the appointment as registered agent and agress of all statutes relative to the proper and complete pations of my position as registered agent as provided reflect a change in the registered office address, I have writing of this change.	a to ant in this annualty. I find	han sawa ta samalu with the
Signature of F	Juny 4M-Cohampion 5/	20/15	

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

INH\$18 (2/14)