## L14000184177

(Re	questor's Name)		
(Add	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Bu	siness Entity Na	me)	
(Do	cument Number	<u> </u>	
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Certified Copies Certificates of Status			
Special Instructions to I	Filing Officer:		
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## COVER LETTER

	egistration Section vision of Corporations			
SUBJECT	T: Simply Clear Name of L	ws More L.L.C. imited Liability Company		
Dear Sir o	r Madam:			
The enclos	sed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.		
Please retu	irn all correspondence concerning this matt	er to the following:		
	Shelry Seymour Name of Person	<del></del>		
<u> </u>	Firm/Company	L.L.C.		
165	55 The Greens Way =	± 2414		
Jac	City/State and Zip Code	50		
<u>da</u>	rtania 42 @ Vah ail address: (to be used for future annual rep	port notification)		
For furthe	r information concerning this matter, please	e call:		
SI	ency Seymour at (	904) 414-1722 984-358-720 (Area Code & Daytime Telephone Number		
R D C 20	FREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
E	nclosed is a check for the following amou	int:		
<b>y</b>	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2015

SHERRY SEYMOUR SIMPLY CLEAN & MORE L.L.C. 1655 THE GREENS WAY #2414 JACKSONVILLE, FL 32250

SUBJECT: SIMPLY CLEAN & MORE L.L.C.

Ref. Number: L14000184177

We have received your document for SIMPLY CLEAN & MORE L.L.C.. However, the document has not been filed and is being returned for the following:

No check enclosed.

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$35.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

X
DN BACK

Letter Number: 315A00000548

Mrs. Albritton,
Spoke with someone in your dept.

they respect the wrong code was intered
to cresind - the cright document the as there.

Lapologize for forgetting the check, bresyday,

Shank you if there are any usoilly

confect me a 904-414-1722 or

condition of Corporations - P.O. BOX 6327 Tallahasses Florida 32314

## 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:	now Clean	1 & More -	uc	
2. (a)	Sherry Seymour	(b)	Same		
2. (u)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS	npany:	Mailing addi	ress of limited liability company (AY BE POST OFFICE BOX)	· <u>·</u>
	1655 The accens we	24 #2414 _			
	Jacksonville FL. 32	2250 _			
	12/02/14		L1400	0184177	
3.	Date of filing/registration in Florida	4.	Documer	nt number	
5. (a)	Cuet Hodges		<del></del>		
	Registered Agent and Registered Office shown on the	records of the Florida De	ept. of State:		
			···		
	Registered Office Address (MUST BE FLORIDA				
	1655 The GREENS	WAY 2414	<del>/</del>		
	1655 The GREENS Jacksonville FL	.FL 322	250	7.0 20	
				FILE TARE TARE TALLARIASS	Į.
(b)	Sherry Seymour				<b>-</b>
	Enter name of NEW Registered Agent and/or NEW	Registered Office addre	<u>ess</u> :	SSE SSE	٦
				THE E	j
	NEW Registered Office Address:	ns way		<b>80</b>	
	#2414			59 RID	
	2914				
	Jacksonville	, fl <u>32</u>	250		
	imited liability company is not organized und				
	inge or changes are made, the Florida street a vill be identical. Or, in the case of a Florida I				
was/w	ere authorized by an affirmative vote of the m	nembers of the limite	d liability compan		
tne arti	cles of organization or the operating agreeme	ent of the limited lia	01	C	
Signa	ture of a member or authorized representative of a mem	ber	Sheppy Printed or	typed name of signee	
I bara	by account the appointment as particional arran	ut and comes to set in	thic congoity. I fo	unthan agran to comply wit	h the
provisi the obt	on the different as registered agentions of all statutes relative to the proper and digations of my position as registered agent as ely effect a change in the registered office and the registered office and the registered of this about	complete performan s provided for in Ch	ce of my duties, ån apter 605, F.S. Or	d I am familiar with and a ; if this document is being	iccept filed
to mer notifie	ely officet a change in the registered office ac d in veriting of this change	ddress, I hëreby con	firm that the limited	d Tiability company has be	ien
	Sherry Sermores				•
CZ-	an of Decident Alens	<del></del>			

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