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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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OCT 05 2018

COVER LETTER

| Division of Corporations | |
|--|---|
| SUBJECT: Medley's Cleaning Serving Name of Lin | ited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Chan | ge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| William D. Medley Name of Person | |
| Medley's Cleaning Service 110 Firm/Company | |
| 2412 Center AVC Address | |
| Ollando FL 32506 City/State and Zip Code | |
| E-mail address: (to be used for future annual repo | rt notification) |
| For further information concerning this matter, please c | all: |
| William Medley at (4) Name of Person | O7) 820 -4097 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 | t: |
| ■ \$25 Filing Fee | ☐ \$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>Medieys</u> | Clec | <u>wing S</u> | re(Vice, L | LC | |
|--------------------------|-------------------------------|--|---|--|--|--|--------------|
| 2. | (a) | 5048 Shoreway LOOD \$ 108 | (b) | P.O.Bo | x 568672 | | |
| | . , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | | ailing address of lir | mited liability company: POST OFFICE BOX) | _ |
| | | Ollando, FL 32819 | _ | Orland | 10, FL 3285 | SG | _ |
| 3. | | O2 25/15 Date of filing/registration in Florida | - - | | ∞035293 Document numb | De la companya di managana | _ |
| | | <u> </u> | 7. | • | ocament name | <i>7</i> .1 | |
| 5. | (a) | Registered Agent and Registered Office shown on the records of the | he Florida I | Dept. of State: | | | |
| | | 5048 Shoreway Loop #108 | | | | -i . 2 <u>:</u> | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | | | | |
| | | | | | | 007 | |
| | | Oclando FL | 32819 | | | | |
| | | 1 | | | | 聖書り | |
| İ | (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office add | -PSC. | | | |
| | | The state of the s | × 111(| <u> </u> | | 37 | |
| | | 2412 Center AUR | | | | | |
| | | NEW Registered Office Address: | | | | | |
| | | | <u></u> - | | | | |
| | | O(\ando | 32 0 0 | 6 | | | |
| If d | ha li | | | | rida it is barabu | contirmed that after | |
| the age was the | cha nt w s/we arti | imited liability company is not organized under the law age or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized appresentative of a member. | the regist bility cor f the limi limited lis | ered office npany, it is ted liability ability comp | and the business hereby confirme company or as | s office of the registere ed that the change(s) otherwise provided in | d – |
| pro the to r | visi obli nere ified | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change. | ee to act i | n this capa | city. I further a | wree to comply with the | ? ot { |