## L15000044708

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



300291019353

10/07/16--01020--015 \*\*25.00

16 OCT 31 - MM ID: 52

W HARRIS

## **COVER LETTER**

Division of Corporations					
SUBJECT: BB'S CLEAN TEAM Name of Limi	γ ted Liability Company				
Name of Elimed Elability 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:					
Stephanie Reed Ga Name of Person	lwards				
BBS CKAN TEAM Firm/Company					
Firm/Company					
Address					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please ca	II:				
Stephanie Reed-Edwards at (8					
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:				
Division of Corporations	Registration Section Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
(INHS18 (2/14)					



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2016

STEPHANIE REED EDWARDS 5835 CONGRESS ST GULF BREEZE, FL 32563

SUBJECT: BB'S CLEAN TEAM, LLC

Ref. Number: L15000046708

RECEIVED BECRETARY OF STATE TALLAHASSEE, FLORIDA

We have received your document for BB'S CLEAN TEAM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00021808

18 UC 1 31 AM 10: 52

## 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

l. Na	me of the limited liability company: $BSS$	CHAN	Con Team,	LLC
2. (a)		_ (b)		
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limit	
	5035 Congress St			
	Gulf Breeze Fr 32563			<del> </del>
	3/16/15		4500004676	<b>78</b>
3.	Date of filing/registration in Florida	4.	Document number	Γ
5. (a)	Registered Agent and Registered Office shown on the records of the		of State	
	Registered Agent and Registered Office shown on the records of the	ie riorida Dept.	of State.	
	Registered Office Address MUST BE FLORIDA STREET A	DDRESS)		
	500000Conepasses 715	2 Nav	arke PRWW &	#314
	GOODSTOOFE NAME , FL	EDEDIO	32546	•
(b)	Stephanie Reed- Edwar	eds		
(-)	Enter name of NEW Registered Agent and/or NEW Registered		<del></del>	<b>动</b>
	5635 Congress St			8 2
	NEW Registered Office Address:			
				E MAG
	. (2)			
	Gulf Breeze , FL	3256	3	52
I <b>£</b> +ka 1:	imited liability, common is not associated and as the large	a.Caba Canaa	acelaida ikiahamba	C d dl
	imited liability company is not organized under the law inge or changes are made, the Florida street address of t			
agent v	vill be identical. Or, in the case of a Florida limited lial	bility compar	ny, it is hereby confirmed	that the change(s)
was/we the arti	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the limited l imited liabili	liability company or as of	herwise provided in
,	VICalua 6		• • •	Edwards
Signat	ture of a member or authorized representative of a member		Printed or typed name	e of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	e to act in th	is capacity. I further agr	ree to comply with the
Signatu	Te of Redstered Agent	25		