

L150000125286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

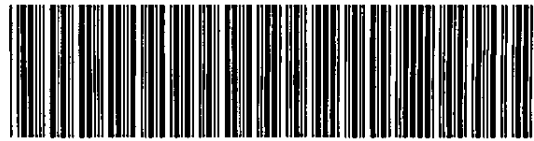
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
OCT 24 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA CLEAN MASTER LLC

\_\_\_\_\_  
Name of Limited Liability 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:

Wilbeth Rodriguez  
\_\_\_\_\_

\_\_\_\_\_  
Name of Person

FLORIDA CLEAN MASTER LLC  
\_\_\_\_\_

\_\_\_\_\_  
Firm/Company

601 N Lois Ave #30  
\_\_\_\_\_

\_\_\_\_\_  
Address

Tampa FL 33609  
\_\_\_\_\_

\_\_\_\_\_  
City/State and Zip Code

wbethrod@gmail.com

~~E-mail address: (to be used for future annual report notification)~~

For further information concerning this matter, please call:

Wilbeth Rodriguez

at ( 939-240-2490)

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations

**MAILING ADDRESS:**

Registration Section  
Division of Corporations

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TALLAHASSEE, FLORIDA

Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$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. Name of the limited liability company: FLORIDA CLEAN MASTER LLC

2. (a) 11408 Wesley pointe dr, Brandon fl 335 (b) 11

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. 8/01/2015  
Date of filing/registration in Florida

4. L150001<sup>25</sup> 286  
Document number

5. (a) Kfir Saban

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

11408 Wesley pointe dr, Brandon fl

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_

(b) \_\_\_\_\_

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

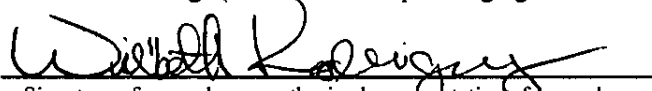
Wilbeth Rodriguez

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
3351

NEW Registered Office Address: :  
601 N Lois Ave #30

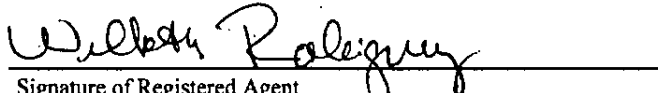
Tampa, \_\_\_\_\_ FL 33609

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

Wilbeth Rodriguez.  
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.*

  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**

INHS18 (2/14)

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