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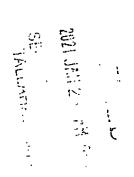
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COVER LETTER

TO: Registration Section **Division of Corporations** Proshine Mobile Auto Detailing, LLC SUBJECT: ______ 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: Mike Womer Name of Person United Agent Services LLC Firm/Company 221 N Broad St Address Middletown, DE 19709 City/State and Zip Code compliance@unitedagentservices.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 467-3700 Mike Womer 302 Area Code & Daytime Telephone Number Name of Person Mailing Address: **Street Address:** Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

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.

Ι.	Na	me of the limited liability company: Proshine Mobile A	uto De	tail	ing, LLC	
2. (я)	3012 SIMPSON DR.	((b)	3012 SIM!	PSON DR.
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		BARTOW, FL 33830	_		BARTOW	, FL 33830
		09/11/2015		[.150001552	116
 3. 5. 	(a)	Date of filing/registration in Florida SMALLBIZ AGENTS, LLC	4.	_		Document number
J. 1	(4)	Registered Agent and Registered Office shown on the records of the 75 N. WOODWARD AVE, #10000	ne Florio	da I	Dept, of State	- ::
		Registered Office Address			•	
		TALLAHASSEE, FL_	32313			
(b)	United Agent Services LLC				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	dd	<u>ress</u> :	
		9100 Conroy Windermere Rd #200-UAS				
		NEW Registered Office Address:				•
		Windermere	34786			2021 JAN 20 SETTALLAND
charager was	ige it v /wc arti gnai	mited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited lial control authorized by an affirmative vote of the prembers of cles of organization or the operating agreement of the law of a member or authorized representative of a member	register pility control the lin imited	red on mit lja	l office and pany, it is ed liability con the HMCA	orida, it is hereby confirmed that after the I the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in pany. Printed or typed name of signee
prov the to n noti	eisi obl iere fiec	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete prigations of my position as registered agent as provided ly reflect a change in the registered office address. I have the continuous of this change.	re to ac perform for in ereby c	et i. nar Cl con	n this capa nce of my a napter 605 Ifirm that i	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been