115000 191157

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





000347758900

UN/08/20--01011 -005 ++25.00

2020 JUL -8 AM 7: 12 SECRETABLES STATE

D. BRUCE AUG 20 2020

COVER LETTER

Division of Corporations	
SUBJECT: A-ONE MUBILE DET	TAILING LLC ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
Frances 6. Metiviet Name of Person	
A-ONE MOBILE DETAILING Firm/Company	
1527 Sackett Circle	2020 JUL -8 SECRETALLARAS TALLARAS
City/State and Zip Code	AM 7:12
a onemobilede tailing of gr E-mail address: (to be used for future annual report	<u>mail.Cem</u> t notification)
For further information concerning this matter, please ca	all:
Frances 6 - metivut at (1) Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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

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.

i. Na	me of the limited liability company: A-ONE MO	3ILE DE	TAILING-	L L (
2. (a)	201 E Pine Street	(b) 201			e+	
(a)	Principal office address of limited liability company:	(0)	failing address of limit	ted liabilit	y compa	-
	(Note: MUST BE STREET ADDRESS)	A C	(Note: MAY BE PO			
	oxlando, Fl 32818		lando, Fi	- 3	281	Υ
	Date of filing/registration in Florida 4.	L150	0019115	7		
3.		1	Document number			
5. (a)	Frances G. metiviet					
	Registered Agent and Registered Office shown on the records of the Flo	orida Dept, of State	:			
	201 E Pine Street					
	Registered Office Address (MUST BE FLORIDA STREET ADDR	<u>ESS)</u>				
				 :⊒म्:	202	
	orlando .fl_	32818			2020 JUL	77
	77			X : ;	1	TELLEMAN Sentemb
(b)	Korce Denmark	1.4		(0)	ထ	(" " {"]
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u>	<u>address</u> :		in in	?	
	1527 Sackett circle			33 3	7	محقق ہیں''
	NEW Registered Office Address:			, 22	2	
	<u> </u>		•			
	Ollando FL 3	32818				
change agent v was/we	imited liability company is not organized under the laws of or changes are made, the Florida street address of the regis will be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the idea of organization or the operating agreement of the limited.	tered office and v company, it is limited liability and liability com	I the business offic hereby confirmed company or as off pany.	e of the that the herwise	registe chang provid	red e(s)
Signa	tyre of a member or authorized representative of a member	114710	es G. Met Printed or typed name	of signee	Τ	
I here provisi the obl to mere notified	by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perfo ligations of my position as registered agent as provided for the ely reflect a change in the registered office address, I hereby If in writing of this change.	act in this capa rmance of my d in Chapter 605, y confirm that t	ecity. I further agre luties, and I am far F.S. Or, if this do he limited liability	ee to cor niliar wi cument compan	nply w th and is bein y has l	ith the accept g filed been
Signatu	re of Registered Agent					
	·					