## 116000048330

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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT JAN 1 3 2017

## COVERLETTER

TO: Registration Section

Divis	sion of Corporations					
SUBJECT:	JECT:  Name of Limited Liability Company					
Dear Sir or N	∕ladam:					
The enclosed	l Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing	, ,e		
Please return	all correspondence concerning thi	s matter to the	following:			
John Jurar	nek					
-	Name of Person		<del></del>			
Discount J	anitorial Supplies, LLC					
	Firm/Company		_			
P.O. Box 5	564					
	Address	<del> </del>		SECOT SECOT		
Oldsmar, F	FI 34677			JAN 12 PH RETARY OF AHASSEE.		
	City/State and Zip Code			2 2 2 1 2		
john7vet@	yahoo.com			N 12 PM 12: 18 WASSEE, HLORID		
E-mail	address: (to be used for future ann	ual report notif	ication)			
For further in	nformation concerning this matter,	please call:		3> 01		
John Jurar	nek	727	542-1332			
···	Name of Person	** (	Area Code & Daytime Tele	phone Number		
Regi Divi Clift 2661	istration Section sion of Corporations ton Building Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enc	losed is a check for the following	amount:		•		
<b>☑</b> \$2	25 Filing Fee	\$55 Filing Fee & Certified Copy				
INHS18 (2/14	<del>(</del> )					

## 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	ame of the limited liability company:	Janitorial Supplie:			
2. (a)	11045 Longboat Key Ln, #106	(b) P.O.	(b) P.O. Box 564		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  Tampa, Fl 33626	•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  mar, Fl 33626		
	Tampa, 11 33020		mar, 11 33020		
	03/08/2016	L1600	00048330		
3.	Date of filing/registration in Florida	4.	Document number		
<b>5</b> (a)	LO, VIVIAN				
5. (a)	Registered Agent and Registered Office shown on the record	ds of the Florida Dept. of	State:		
	4025 CATTLEMEN RD, #116				
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	<del></del>		
	SARASOTA	, FL_34233			
		, ·			
(b)			<u> </u>		
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office address:	という。		
	Registered Agents Inc.		22 7 E		
	NEW Registered Office Address:				
	3030 N. Rocky Point Dr., STE 150A		<del></del>		
	Tampa	, FL 33607			
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street addresswill be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ss of the registered of ed liability company ers of the limited lia	office and the business office of the registered t, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.		
Signe	ture of a member or authorized representative of a member		Printed or typed name of signee		
I here provis the ob to mer notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as proved the state of the second of	d agree to act in this plete performance of vided for in Chapter ss, I hereby confirm	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been		
Signati	ire of Registered Agent				