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COVER LETTER

Division of Corporations		
Sebastian Cleaning LLC		
SUBJECT: Name o	f Limited Lia	ability 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 m	natter to the f	ollowing:
Kristin Sebastian		
Name of Person		_
Sebastian Cleaning LLC		
Firm/Company	 -	
1625 Lightsey Road		
Address		_
St. Augustine, FL 32084		
City/State and Zip Code		_
Kristin@SebastianCleaning.com		
E-mail address: (to be used for future annual	report notific	cation)
For further information concerning this matter, ple	ase call:	
Kristin Sebastian	904 at (599-2507
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:	
☑ \$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 10% 1040	Sebastian Clea	aning l	LLC
_	ime of the limited liability company: 1625 Lightsey Road, St. Augustine, FL 32084	(b	1625 Lightsey Road, St. Augustine, FL 32
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (-	Mailing address of limited liability company: (Note: MAY BE PQST OFFICE BQX)
	05/13/2016 filing date 05/24/2016 effective date	-	L16000094654
3. 5. (a)	Date of filing/registration in Florida Kristin Sebastian	4.	Document number
J. (u)	Registered Agent and Registered Office shown on the records of the 1625 Lightsey Road, St. Augustine, FL 32084		a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET AI	DDRESS	<u> </u>
(b)	Registered agent is the same, Kristin Sebastia Enter name of NEW Registered Agent and/or NEW Registered O		Idress:
	NEW Registered Office Address: 1625 Lightsey Road, St. Augustine, FL 32084	1	
	St. Augustine	32084	
the cha agent v was/we the arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liaber.	he regise oility continuity the limited l	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agree 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 ha I in writing of this change	e to act verforme for in C vreby co	t in this capacity. I further agree to comply with the vance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Signatu	re of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00