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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: HTS WAY Progres	SIONAL Aleaning Corpany LIC. 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:
Stanley Idanor  Name of Person	
HTSWay Progressional Firm/Company	Chaning Company LCC.
243 Westview Dr.	
•	· · ·
Cristuia F. 32530 City/State and Zip Code	<u></u>
City/State and Zip Code	<u>/                                    </u>
Un honour @ outlook. C	an
Hinhonor @ ovflook. c E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, pl	ease call:
Chille Voner	at (850 ) 603 2147
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 a	mount:
☑ \$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: HIS WAY Professions C	. Cleaning Company L
2. (a) 243 Westview Drive (b)	
Principal office address of limited liability company: Mailing	address of limited liability company:
	: MAY BE POST OFFICE BOX)
Crestulew, Florida	
32536	<b>-</b> ,
216000	131244
3. LA Date of filing/registration in Florida 4. Docu	DE MOSETRY
Date of filing/registration in Florida 4. Docu	ment number
5. (a) Cogate 2007 UNITED STATES COR	Ment number  ORAFION Agents, 2
	•
13302 WINDING OAK COURT A	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
14MPA PL	
, <sub>FL</sub> 3 <i>3lo12</i> _	
(b) STANIEY HONOUR	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	57
243 WESTVIEW Dr.	277
NEW Registered Office Address:	20 1
CRSTUIBLU, 1	6 T
	7 7 77
Florida ,FL 32536	
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 tagent will be identical. Or, in the case of a Florida limited liability company, it is here	
was/were authorized by an affirmative vote of the members of the limited liability com the articles of organization or the operating agreement of the limited liability company.	pany or as otherwise provided in
the articles of organization of the operating agreement of the finited habitity company.	y Honow
Signature of a member or authorized representative of a member Print	thor typed name of signee
I hereby eccept the appointment as registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and complete performance of my duties the obligations of my position as registered agent as provided for in Chapter 605, F.S. to merely reflect a change in the registered office address, I hereby confirm that the linguistic and motified in writing of this change.	I further agree to comply with the and I am familiar with and accept
Sgnature of Registered Agent	
Division of Corporations • P.O. Box 6327 • Tallahassee, F	L 32314
FILING FEE: \$25.00	