## 4600147607

(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:			

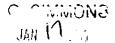
Office Use Only



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## **COVER LETTER**

Division of Corporations				
SUBJECT: Nent Frenk Green Cleaners, LLC.  Name of Limited Liability Company				
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:				
A Strid Sugar Name of Person				
Firm/Company				
2039 (oral Rilge Brive Address				
Coral Springs, FL 33071 City/State and Zip Code				
neatfreak green cleaners @gmail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Astril Sujo at (959) 788-2095  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 amount:				
E\$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.	Nai	ne of the limited liability company: Neat Freak Gre	en Cleaners, LLC.
		2039 Coral Ridge Arive (b) 20	
		(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
		Coral Springs, FL 33071 Cora	(Springs, FL 33071
			6000147607
3.		Date of filing/registration in Florida 4.	Occument number
5. (	(a)	United States Conforation Agents INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
		13302 Winding Oak Court	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		A	
		<u></u>	5
		Tampa, .FL 336/Z	. : 1:4
		0-1.0	
(	b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address:	- 5)
		Enter name of NEW Registered Agent and/or NEW Registered Office address:	  -5
		2039 Coral Ridge Brive	ઝ ઝ
		NEW Registered Office Address:	
		Coral Springs FL 33071	
the cager wase the a	har it w we artic	<del></del>	and the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in
prov the o	isio bli ere	y accept the appointment as registered agent and agree to act in this capacins of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605, by reflect a change in the registered office address. I hereby confirm that the in writing of this change.	rity. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been

Signature of Registered Agent