## L16000156783

(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



300295286163

03/29/17--01010--009 \*\*25.00

<u>jt</u> ...

MAR 3 0 2017

## **COVER LETTER**

	istration Section ision of Corporations					
SUBJECT:	PAULA'S CLEANING SERV	ICE LLC				
Bobone.	Name of Limited Liability Company					
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.			
Please return	n all correspondence concerning thi	is matter to the	following:			
CONNIE			_			
	Name of Person					
HARMAN	& PEASLEE, P.A.					
	Firm/Company	· · · · · · · · · · · · · · · · · · ·	_			
303 N WA	RNELL ST.					
· · · · · · · · · · · · · · · · · · ·	Address	·····	<del></del>			
PLANT CI	TY, FL 33563					
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	<b></b>			
CONNIE	OCCHRP.COM					
E-mail	address: (to be used for future annual	ual report notifi	cation)			
For further in	nformation concerning this matter,	please call:				
PAULA BR	REWER	813	758-3064			
	Name of Person		Area Code & Daytime Telephone Number			
		ILING ADDRESS:				
	stration Section	Registration Section				
	sion of Corporations	Division of Corporations P.O. Box 6327				
	on Building Executive Center Circle	Tallahassee, Florida 32314				
	hassee, Florida 32301	iai	iailassee, Flutiua <i>323</i> 14			
Encl	Enclosed is a check for the following amount:					
<b>2</b> 2 \$2	25 Filing Fee	<b>□</b> \$5	5 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. N	ame of the limited liability company: PAULA'S CU	ISTOM CI	LEANING	S SERVICE LLC
2. (a)		(b)		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	~~~ \~/ <u>-</u>	М	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2561 S ZELLNER DR.		2561 S Z	ELLNER DR.
	INVERNESS, FL 34450		NVERN	ESS, FL 34450
	08/22/2016	L	1600015	6783
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	UNITED STATES CORPORATION AGENT	S INC.		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:	
	UNITED STATES CORPORATION AGENT	S INC.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	13302 LANDING OAK COURT A			
	TAMPA , FL	33612		-2 <b>=</b>
(b)	CONNIET AUSTIN CPA			
( )	Enter name of NEW Registered Agent and/or NEW Registered Office address:			श्रुक्त <b>द्वा</b>
	CONNIE L AUSTIN, CPA			R 29 A 9 39 NARY OF STATE ASSET. FLORIDA
	NEW Registered Office Address:			DRITE 3
	HARMAN & PEASLEE, P.A., 303 N WARN	ELL ST.		. » · · · ·
	PLANT CITY , FL	33563		
the cha agent was/w the art	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	I the registe ability com of the limite limited lial	red office pany, it is ed liability pility comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	sture of a member or authorized representative of a member			
I here provisi the obt to mer notifie	by accept the appointment as registered agent and agy ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in performand d for in Cha hereby conf	this capa ce of my d apter 605, irm that th	city. I further agree to comply with the uties, and I am familiar with and accep. F.S. Or, if this document is being filed be limited liability company has been
Signatu	re of Registered Agent			