11600183603

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(OlymoratorEspir Hollow)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
ECEIVE UL31 RAP: SA	Office Use Only
ili —	ASSELFI ASSEE, FI
ECE!	HASS



300301855393

ù8/01/17--01002--024 **25.00

2017 JUL 31 PH 2: 4 SEUNG TANK OF STATE TALL AHASSEE FLORE

J. HARRIE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Cleuning 19 Service Name of 1	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:			
LUIS Alvaret. Name of Person Cleaning 19 Services 11C Firm/Company	·		
8897 NW 174Th. TERR.			
Hrukoh A 33018. City/State and Zip Code	<u> </u>		
E-mail address: (to be used for ruture annual report notification)			
For further information concerning this matter, please call:			
Name of Person at	(954.) 347-1683. 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:			
\$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, I submits the following statement in order to change its regis Florida.	Florida Statutes, the undersigned limited liability company tered office or registered agent, or both, in the State of
1. Name of the limited liability company: Cleumny _	19. Services ILC.
2. (a) _8897 NW 174th TERR . Hilleyh P1.	(b)
Principal office address of limited liability company: 330 (Note: MUST BE STREET ADDRESS)	
10-03-2016.	1 16000 183603
3. Date of filing/registration in Florida	4. Document number
5. (a)	
Registered Agent and Registered Office shown on the records of the LUIS AUCIEZ Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<u> </u>
8897 NW 174+ TEER	
Haleah .FL	33018
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u> <u>leannette</u> <u>Guerrer O.</u> <u>NEW</u> Registered Office Address: <u>8897 NW 174+h TERL.</u> Holeah #	fice address:
3304 FG.	TATITIES.
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the liming of the articles of a member or authorized representative of a member. Signature of a member or authorized representative of a member. I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pethe obligations of my position as registered agent as provided for to merely reflect a change in the registered office address. I her notified in writing of this proper. Signature of Registered Agent. Division of Corporations • P.O. Both	e registered office and the business office of the registered lity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in nited liability company. Printed or typed name of signee to act in this capacity. I further agree to comply with the reformance of my duties, and I am familiar with and accept or in Chapter 605, F.S. Or, if this document is being filed reby confirm that the limited liability company has been

FILING FEE: \$25.00