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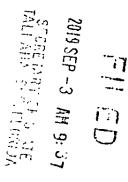
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COVER LETTER .

TO: Registration Section Division of Corporations	
GOLDEN ISLE CLEANING, LL	С
SUBJECT: Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Off	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
FLOR E. OWENS	
Name of Person	
GOLDEN ISLE CLEANING, LLC	
Firm/Company	
1900 SE 23rd TERRACE	
Address	
Cape Coral, FL 33990	
City/State and Zip Code	
esperanzaowens@hotmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
Flor E. Owens	239 410-6545
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

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.

Florida	GOLDEN ISL	E CLEANING, LLC
1. Na	me of the limited liability company:	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1900 SE 23RD TERRACE	(b)
	Cape Coral, FL 3399	Cape Coral, FL 33990
	10/19/2016	L16000193531
3:-	Date of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of United States CORPORATION AGENTS, IN Registered Office Address	NC
	13302 WINDING OAKS COURT SUITE A.	
	TAMPA FL	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1 Office address:
	PTC FINANCIAL SOLUTIONS, LLC	M 9: 37 From D
	NEW Registered Office Address: 1423 SE 16th PL,	37 JA
	Cape Coral, FI	33990
the cha agent v was/we the art	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liver authorized by an affirmative vote of the members icles of organization or the operating agreement of the form of a member or authorized representative of a member by accept the appointment as registered agent and agreement and agreement and agreement and agreement and agreement and agreement are registered agent and agreement and agreement are registered agent and agreement agreement agreement and agreement agreeme	two of the State of Florida, it is hereby confirmed that after if the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company. FLOR. E OWENS Printed or typed name of signee Printed or typed name of signee Tree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed thereby confirm that the limited liability company has been
notifie	ely reflect a change in the registered office address, I In writing of this change. K of Registered Agent	hereby confirm that the limited liability company has been

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