L16000312308

(Requestor's Name)					
(Ad	(Address)				
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(Cit	ty/State/Zip/Phone i	#)			
PICK-UP	☐ WAIT	MAIL			
	siness Entity Name	2)			
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(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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MECRETARY OF STATE

Office Use Only

S WarrenJAN 2 0 2017



December 30, 2016

JASON W. MOORE 10801 STARKEY RD, SUITE 104-205 SEMINOLE, FL 33777

SUBJECT: MOMENTUM CLEANING SOLUTIONS, LLC

Ref. Number: L16000215208

We have received your document for MOMENTUM CLEANING SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 816A00027776

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	Momentun Cleaning Solutio	ns, LLC		
		ne of Limited Lial	pility Company	
Dear Sir	or Madam:			
The encl	losed Registered Agent/Registered Off	ice Change and fo	ee(s) are submitted for filing.	
Please re	eturn all correspondence concerning th	is matter to the fo	llowing:	
Shawn	a M Moore			
	Name of Person		-	
Momer	ntum Cleaning Solutions, LLC			
	Firm/Company		-	
10801	Starkey Rd. Ste 104-205			
	Address		-	
Semino	ole, FL 33777			
	City/State and Zip Code		•	
moores	shawna14@gmail.com			
E-1	mail address: (to be used for future ann	ual report notification	ation)	
For furth	ner information concerning this matter,	, please call:		
Shawn	a M Moore	727 at (220-9944	
	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	Regi: Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:				
Į	□ \$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: Momentum C	leaning So	olutions, LLC	
2. (8	10801 Starkey Rd	(b)		
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) ste 104-205	_ (0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Seminole, FL 33777			
	1/1/2017	<u>L1</u>	6000215208	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a) Jason W Moore			
<i>J.</i> (Registered Agent and Registered Office shown on the records of	the Florida Dep	ot. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	3390 Gandy Blvd. N #12		>- 1	
	St. Petersburg , FL	33702	ETARY O	
(ł	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres		
	NEW Registered Office Address:			
	10801 Starkey Rd. Ste. 104-205			
	Seminole , FL	33777		
the c agen was/	c limited liability company is not organized under the law hange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited limited by were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the	the register ability comp of the limited liab	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in illity company.	
<u>/</u>	from W Mone	Jason	W Moore	
	mature of a member or authorized representative of a member		Printed or typed name of signee	
prov the o to me	refly accept the appointment as registered agent and agr isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erefy reflect a change in the registered office address, I i led in writing of this change.	ree to act in performanc d for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	
Signa	ason 6 Moore ature of Registered Agent			