Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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Tc:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Number : 120010000062

Account Name : LEGALZOOM.COM INC.

Phone : (323) 962-8600

Fax Number

; (323) 962-3889

Enter the email address for this business entity to be used for Enture annual meport mailings. Enter only one email address please.

Email	Address:		
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LLC REGISTERED AGENT CHANGE VETERANS PRESSURE WASHING, LLC

Certificate of Status	0
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EXAMINER

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: VETERANS PRESSURE	WASHING, LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning t	this matter to the following:					
Cheyenne Moseley						
Name of Person						
Legalzoom.com, Inc.						
Firm/Company						
101 N. Brand Blvd., 10th Floor						
Address		2019 I				
Glendale, CA 91203		FEB -				
City/State and Zip Code		SEC. 7				
chrisoverfield9@yahoo.com		AM 9 OF ST				
E-mail address: (to be used for future a	nnual report notification)	9: 3 ORIE				
For further information concerning this matter	er, please call:	-				
Cheyenne Moseley	800 773-0888 ext 9724					
Name of Person	Area Code & Daytime Telepho	one 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	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, 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

i	Na	me of the limited liability company. VETERANS F	RES	iSt 	IRE WAS	SHING, LLC			
2. (a)	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 1107 SE 21ST TER				Minling address of limited hability company (Note: MAY BE POST OFFICE BOX) 107 SE 21ST TER			
		CAPE CORAL, FL 33990			CAPE CORAL, FL 33990				
		02/09/2017		L	1700003	32151			
3.		Date of filing/registration in Florida	4			Document num	iber		
5. (a)	Registered Agent and Registered Office shown on the records of the F UNITED STATES CORPORATION AGENTS, I Registered Office Address (MUST BE FLORIDA STREET ADD.)			Sept. of State			2019		
		TAMPA , FL.	33612			LAHA LAHA	19 FEB		
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u> Chris Overfield <u>NEW Registered Office Address</u>					OF STATE .FLORID!	AM 9: 31	<u> </u>
		Cape Coral , FL	3399	00		•			
the age was the	cha nt v s/we arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of ales of organization or the operating agreement of the ure of a member or authorized representative of a member	vs of the republication of the limited in the limit	he S gist con imit d ha	ered office npany, it is ed liability ability com	e and the busine s hereby confirm y company or a spany	ess office oned that the sotherwise	f the re e chang provid	gistered e(s)
I he pro the to n	erel visi obl nere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete agent on the proper and complete agent of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete to the proper and complete agent as provided by reflect a change in the registered office address, I have the proper address and the property of the p	noriar	~~~~	TOP OF MULT	acity. I further	agree to co	omply v	I ACCPNI