## L1700036241

(Requestor's Name)								
(Address)								
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(City/State/Zip/Phone #)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
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J. HARRIS

## **COVER LETTER**

TO:

INHS18 (2/14)

то:	Registration Section Division of Corporations							
SUBJ	PHIL'S WINDOW CLEANING, LLC							
<b>ЭО</b> В		ne of Limited L	iability Company					
Dear	Sir or Madam:							
The e	nclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.					
Please	e return all correspondence concerning th	iis matter to the	following:					
LAR	RY MILLER							
<del></del>	Name of Person		<del></del>					
INCI	FILE.COM, LLC							
····	Firm/Company		<del></del>					
173	50 STATE HIGHWAY 249, SUITE	220						
	Address		<del></del>					
ΗΟι	JSTON, TX 77064							
	City/State and Zip Code		<del></del>					
efile	1234@incfile.com							
	E-mail address: (to be used for future am	nual report noti	fication)					
For fi	arther information concerning this matter	, please call:						
LAR	RY MILLER	844	830-8267					
	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	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 illahassee, Florida 32314					
	Enclosed is a check for the following	g amount:						
	☑ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy					



May 18, 2018

LARRY MILLER INCFILD.COM LLC 17350 STATE HIGHWAY 249, SUITE 220 HOUSTON, TX 77064

SUBJECT: PHIL'S WINDOW CLEANING, LLC

Ref. Number: L17000036241

We have received your document for PHIL'S WINDOW CLEANING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 918A00010444

RECEIVED

OR JUN-4 PH 1: 04

PASSON OF COMPONENT OF STATEMENT OF STATE

2016 JUN -4 AH 8: O.I

## 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: PHIL'S WINDO	)W CI	LEANING	i, LLC				
2. (a)	6843 LANTANA BRIDGE RD #201	( <del> </del>	(b) 6843 LANTANA BRIDGE RD #201					
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (.	.,, <u> </u>	Mailing address of limite (Note: MAY BE POS			y:	
	NAPLES, FL 34109	-	NAPLE	S, FL 34109				
	02/15/2017		L170000	36241				
3.	Date of filing/registration in Florida	4.		Document number				
5. (a)	LEGALINC CORPORATE SERVICES, INC.							
). ( <u>u</u> )	Registered Agent and Registered Office shown on the records of th	e Florid	a Dept. of Sta	le:				
	5237 SUMMERLIN COMMONS, SUITE 400							
	Registered Office Address (MUST BE FLORIDA STREET AL	ODRES.	Ω	_	<b>A</b>	2018	may w	
	FORT MYERS FL 3	33907		_	ATTASS	JUK	Emilia Emilia Emilia	
(b)	PHILLIP CHRISTOPHER			_	241 	]** □K		
, ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				:: 1 :: 1	Ćò	•	
	6843 LANTANA BRIDGE RD #201				\$5.171 \$5.171	0		
	NEW Registered Office Address:			_				
	NAPLES SU 3	34109		_				
the cha agent was/w was/w the art Sigua I here provis the obs	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of teles of organization or the operating agreement of the liaber of a member of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I he dip writing of this change.	s of the he regi pility c the lin imited	e State of F stered offic ompany, it nited liabili liability co Pl	te and the business of is hereby confirmed to the company or as oth impany.  HILLIP CHRISTO  Printed or typed name pacity. I further agree	Thee of the that the convise possible p	he regi change rovide	istered (s) d in	

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

Signature of Registered Agent