1170ccc) 43422

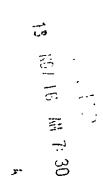
(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	E&E SUNSHINE CLEANING				
Name of Limited Liability Company					
Dear S	ir or Madam:				
The en	aclosed Registered Agent/Registered Office C	Thange and fe	re(s) are submitted for filing.		
Please	return all correspondence concerning this ma	atter to the fo	llowing:		
CHE	RYL EDSON				
	Name of Person		-		
E&E	SUNSHINE CLEANING LLC				
	Firm/Company		-		
327 N	62ND AVE				
	Address		-		
PENS	SACOLA, FL 32506				
	City/State and Zip Code		-		
	NSHINECLEANING@GMAIL.COM		_		
H	E-mail address: (to be used for future annual)	report notifier	ation)		
For fu	rther information concerning this matter, plea	ise call:			
CHEF	RYL EDSON	850	698-7293		
	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.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, 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. 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.

. N:	ame of the limited liability company:	IINE CLEA	NING LLC
	7716 WALKER ST	(b)	SAME
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) PENSACOLA, FL 32506		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/13/2018		17000043422
	Date of filing/registration in Florida	4.	Document number
. (a)	TAMMY SMITH		
. (,	Registered Agent and Registered Office shown on the records o	f the Florida D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET 7716 WALKER ST	<u> ADDRESS)</u>	در) در)
	PENSACOLA	32506	
(b)	CHERYL EDSON		——————————————————————————————————————
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addre	ess:
	327 N 62ND AVE		;• 30
	NEW Registered Office Address:		
	327 N 62ND AVE		
	PENSACOLA , F	32506	<u> </u>
he cha gent i was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members ides of organization or the operating agreement of the state o	of the registe liability con s of the limit ne limited lia	npany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company. RYL EDSON
	nture of a member or authorized representative of a member		Printed or typed name of signee
rovis he ob o meg	by accept the appointment as registered agent and a jons of all statutes relative to the proper and completing at the proper and completing at the proper and completing at the proper and completely reflect a change in the registered office address. If writing of this change.	te perjorma Jed for in Cl	apter 605. F.S. Or. if this document is being filed

Signature of Registered Agent