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(Address)						
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COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: TWICE AS NICE CLUMING LA	_(
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Rachel Woods Name of Person								
TWICE AS NICE Elluning LLC Firm/Company								
3445 ODVE HULLOW CT Address								
Palm Harbur FL 34483 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Rachel Woods at (727) 565 8340 Name of Person Area Code & Daytime Telephone Nur	 iber							
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 amount:								
\$25 Filing Fee \$25 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.	Na	me of the limited liability company:	AS	NICE	cleaning LLC
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ma	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Palm Haybur FL 341083		32145 Palm	DUVE HOHOW CT
		3/2/2017		•	7000050448
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the	GG-6 Florida I	Cht In Dept. of State:	C.
		Registered Office Address (MUST BE FLORIDA STREET ADD	DRESS)		
		13302 Winding Oak Co	our		
		13302 Winding Oak Co Suite A Tampa, FL	33	Le 12	
í	(b)	RUMPI WOODS			17
		Enter name of NEW Registered Agent and/or NEW Registered Off	fice addi	ress:	1 1 1 1 1 1 1 1 1 1
		3445 DOVE HONOW NEW Registered Office Address:	Ct		22 1 55 55 65 65 65 65 65 65 65 65 65 65 65
		Palm Harbor			
					5
		, FL_ [~]	<u>341</u>	183	
the age was	cha nt w s/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited liabilities.	e regist lity con he limit	ered office a npany, it is l ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		1/2/11/		V CIL	hel woods
	_	ture of Amember or authorized representative of a member		7000	Printed or typed name of signee
pro the to n	visi obli nere	by decept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided following the change in the registered office address, I her dim writing of this change.	to act i rformai or in Ci eby coi	in this capac nce of my di hapter 605, nfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Sig	navu	re of Registered Agent			