LITEDIOITIZ

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	***
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SECRETARY OF STATE
AND ANALY A

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: AUCA ROW Clean - US LLC Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.				
Please return all correspondence concerning this matt	ter to the following:				
WESley Mitchell Name of Person					
AURA ROWCLEAN - US LLC Firm/Company					
6220 S. ORANGE BIOSSOM TO	TRAIL She 500				
ORlando, FL 32809 City/State and Zip Code					
E-mail address: (to be used for future annual representation for further information concerning this matter, please					
, and the second					
	407) 745-4539				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301	•				
Enclosed is a check for the following amount:					
12525 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

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. 1	Tame of the limited liability company: <u>AURA RU</u>	obo clean- U	5 LC	
2. (a		(b)		
2. (4	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liabil	
	6330 S. ORANGE BloSSOM TRAIL	#501		
	ORlando FL 32809	SA	ME AS STR	eet_
	Adachara	1 10	ANNESS 70001101712	
3.	Date of filing/registration in Florida	 / /	Document number	
Э.		4.	DOCUMENT NUMBER	
5. (a			_	
	Registered Agent and Registered Office shown on the recurds of	the Florida Dept. of Stat	ie:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	_	
		/		
	6220 S. ORANGO BLOSSMITRAIL			
	ORION du , FI	32809	SEC	· ~i ·
(b	WESley Mitchell		RETARY OF LAHASSEE. F	FIL SEP 2
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	SEE O	m
			P	,
	NEW Registered Office Address:		- ORID	######################################
	LEBADS, ORANGE Blossdin TR.	"AIL Ste. 5	500 P	23
	ORlando, FI	32809	_	
If the	limited liability company is not organized under the la	ws of the State of Fl	lorida, it is hereby confirm	ed that after
the cl	lange or changes are made, the Florida street address of	f the registered offic	e and the business office of	of the registered
was/v	will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of	of the limited liabilit	ty company or as otherwis	
the af	ticles of organization or the operating agreement of the	- 1 1/	* * /	/,
1/10	thank Whilehill	NATHAR	· · · · · · · · · · · · · · · · · · ·	<u>/</u>
-	sature of a member or authorized representative of a member	((i (bi	Printed or typed name of sign	
provi the of to me	eby accept the appointment as registered agent and aggreen sions of all statutes relative to the proper and complete higations of my position as registered agent as provide rely reflect a change in the registered office address. I get in writing of this change.	ree to act in this cap e performance of my ed for in Chapter 60: hereby confirm that	pacity. I jurther agree to c duties, and I am familiar 15, F.S. Or, if this documen the limited liability compo	comply with the with and accept nt is being filed any has been
Signa	nure of Aggistered Agent			