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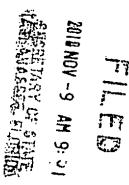
(Requestor's Name)		
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COVER LETTER

TO: Registration Section Division of Corporations				
MM & J Cleaning Services,	LLC			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change and fec(s) are submitted for filing.			
Please return all correspondence concerning th	nis matter to the following:			
Sean J. Seely				
Name of Person				
Lynchard & Seely, PLLC				
Firm/Company				
1901 Andorra Street				
Address				
Navarre, FL 32566				
City/State and Zip Code				
eservice@seely-law.com				
E-mail address: (to be used for future and	nual report notification)			
For further information concerning this matter	r, please call:			
Michael Mueller	414 688-5391			
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	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	☐ \$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.

1. N	ame of the limited liability company: MM & J Cle	aning Service	es, LLC
2. (a)		(b)	
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	75 Eglin Parkway, Suite 113		
	Fort Walton Beach, FL 32548		
	09/01/2017	L17	000187545
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (Registered Agent and Registered Office shown on the records	of the Florida Dept	of State:
	Michael D. Mueller		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	2567 COVE RD		
	Navarre	FL32566	VON NON TE
(h.)			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	Lynchard & Seely, PLLC		9:5
	NEW Registered Office Address:		
	1901 Andorra Street		
	Navarre	_{FL} 32566	
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the	of the registered Hiability compars of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei	chy accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provi- rely reflect a change in the registered office address, ed in writing of this change.	rte performance ded for in Chan	of my duties, and I am familiar with and accept ter 605. F.SOr, if this document is being filed
Signat	ure of Registered Agent		

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