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(City/State/Zip/Phone #)	
(Business Entity Name)	09/30/19010330(
(Document Number)	
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<u>[[]]</u>

OCT 1 6 2019 LALBRITTON

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BEST CLEANING EVE	ER, LLC
Name of Limit	ed Liability Company
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:
DEBORAH L. YOUNG  Name of Person	
Name of Person	<del></del>
Firm/Company	
• •	
19701 N. TAMIAMI TRAIL Address	<u>, LU</u> T 80
N. Fr. MYERS, FL 33903 City/State and Zip Code	
E-man address: (to be used for future annual report	notification)
For further information concerning this matter, please call	l:
DEBORAH L. YOUNG at (3) Name of Person	39 ) 220-0601 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section

## Enclosed is a check for the following amount:

\$25 Filing Fee

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle

Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

**Division of Corporations** 

Tallahassee, Florida 32314

P.O. Box 6327

## 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	nme of the limited liability company: BEST 6 19701 N. TAMIAMI TRAIL LOT 80 N. FT. MYERS FL 31903	LEAN	VING EVER LLC
2 (a)	19701 N. TAMIAMI TRAIL LOT 80	( <b>L</b> )	19701 N. FAMIAMI TRAIL, LOTSO
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	09/17/2017		217000190717
3.	Date of filing/registration in Florida	 4.	Document number
5. (a)	LEGAL ZOOM Registered Agent and Registered Office shown on the records of t	he Florida I	Dept. of State:
	5515 S. SEMORAN BLU		
	Registered Office Address (MUST BE FLORIDA STREET A		
	541TE 36		· · · · ·
	DRLANDO ,FL	32	822
	· · · · · · · · · · · · · · · · · · ·		
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	ress:
	DEBORAH L. YOUNG		
	NEW Registered Office Address:		
	1970/ N. TAMIAMITRAIL	, 1.01	- 80
	N. FT MYERS, FL .FL	3.	3903
the cha agent v was/we the arm	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of the organization or the operating agreement of the	the registe ability con f the limit	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
14	sure of a member or buthopy jed representative of a member	$\mathcal{D}$	Printed or typed name of signee
Signal	ture of a member or buthopfed representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to act is performan I for in Ch nereby con	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been