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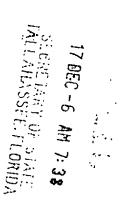
(Requestor's Name)						
(Address)						
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(City/S	State/Zip/Pho	ne #)				
PICK-UP	TIAW	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate	es of Status				
Special Instructions to Filing Officer:						

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COVER LETTER

O: Registration Section Division of Corporations							
SUBJECT: 510 5	Cleaning LLC Name of Limited 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	ng this matter to the following:						
Sidney Castro	Rodrigues						
Sids Cleanis	ng LLC						
5463 Vineland R	d #5104						
Orlando, FL 32 City/State and Zip Co	1811 de						
PRSIDNEY - 5 CR Q C E-mail address: (to be used for future	MAIL • COM e annual report notification)						
For further information concerning this ma	itter, please call:						
Danielle Oliver							
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS							
Registration Section Division of Corporations	Registration Section Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314						
Enclosed is a check for the follow	ving amount:						
\$1 \$25 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. Na	ime of the limited liability company:	d's	cleaning	Services	uc			
2. (a)			(b)					
_ , , ,	Principal office address of limited liability of (Note: MUST BE STREET ADDRES)			Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)				
	5463 Vineland Rd	· 井 S	104	Same	Same			
	Orlando-Fl 328							
	09/25/2017		<i></i>	170001989	02			
3.	Date of filing/registration in Florid		4.	Document number				
5. (a)	Sidney Castro Ros Registered Agent and Registered Office shown on the	drige	パン	_				
(b)	Registered Office Address (MUST BE FLORID- 5463 Vineland	REGISTER	Portugal	TALLAHASSEEFLORIDA	17 9EC -6 AM 7: 38	· · · · · · · · · · · · · · · · · · ·		
	Orlando	F	<u> 32811</u>					
the cha agent was/we was/we the art Signa I heret provisi- the obb to mere notified	mited liability company is not organized un nge or changes are made, the Florida street will be identical. Or, in the case of a Florida street authorized by an affirmative vote of the recessor organization or the operating agreem ure of a member or authorized representative of a member of all statutes relative to the proper and gations of my position as registered agent of the reflect a change in the registered office a line writing of this change. Division of Corporation	der the la address o limited I members ent of the mber nt and ag complete is provided	tws of the State of Florithe registered officiability company, it is of the limited liability constituted for in Chapter 602 thereby confirm that	e and the business offisher hereby confirmed that y company or as other apany. Printed or typed name of acity. I further agreeduties, and I am famility. F.S. Or, if this document is the limited liability confirmed the limited liability confirmed the limited liability.	ce of the at the charwise pro	registered inge(s) vided in		
FILING FEE: \$25.00								