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(Req	uestor's Name)	
DDA)	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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FALLAHASSEE FINDERS

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COVER LETTER

TO:	Registration Secti				•			
	Division of Corpo	orations						
SUBJE	ECT: LUCI	Cleaning	Excele	.nt S	ervices LLC ompany			
		Ü	Name of Limited	d Liability C	ompany			
Dear S	ir or Madam:							
The en	closed Registered	Agent/Registered	Office Change a	and fee(s) are	e submitted for filing.			
Please	return all correspon	ndence concernir	ng this matter to t	the following	g:			
C (*		7						
<u> </u>	USY C	lame of Person						
200	y Cleaning	in Excel	ent Surv	ico LLI				
	' F	irm/Company						
2 21	, , , , , , , , , , , , , , , , , , , ,	C i	.)					
<u> </u>	10 th	Address						
2en	Pah Acres City	FL	37971					
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Elis	Sy Hunan (-mail address: (to l	400 B YO	I am i ma	_				
E	-mail address: (to	be used for future	annual report n	otification)				
	ther information co							
<u>21</u>	iusy Cru	۷	at (<u> </u>	<u>9</u> (20	/S - //) (5 Code & Daytime Telephone Number			
	Name of	Person		Area C	Code & Daytime Telephone Number			
	STREET/COUR		:		ADDRESS:			
	Registration Section Division of Corporate			Registration	Corporations			
	Clifton Building	rations		P.O. Box 63				
	2661 Executive C	Center Circle			, Florida 32314			
	Tallahassee, Flori	ida 32301						
	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.

l. Na	me of the limited liability company: 10C/ C/{	ahin	4 E	x celent s	Services LCC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		3.	O /) / O Mailing address of lir	mited liability company:
	Jenigh Acres, FL 33971		Leh	igh Acres	F(3397/
3.	10/20 /2017 Date of filing/registration in Florida	4.	1-1-	Document numb	——·· •
5. (a)	Eliusy Cru Z Registered Agent and Registered Office shown on the records of the	n Florida I	Dunt of St		
	Registered Office Address (MUST BE FLORIDA STREET AL		Dept. or St	<u> </u>	
(b)	Lehiy L Acres FL A ha Rosa F2 Enter name of NEW Registered Agent and/or NEW Registered O	qui	crdo	57 3	
	NEW Registered Office Address:			97 (97 (
	, FL			· —	
the cha agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited	ne registe ility con the limit	ered offi ipany, it ed liabil	ce and the business is hereby confirmative company or as	s office of the registered ed that the change(s)
Cl	view (2)	_E 1	1051	CrUZ Printed or typed na	
=	ure of a member or authorized representative of a member				
I hereb provision the oblit to mere notified	efaccept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po gations of my position as registered agent as provided j ly reflect a change in the registered office address, I he in writing of this change.	e to act is erforman for in Ch reby con	n this ca ice of m iapter 60 ifirm tha	pacity. I further a y duties, and I am J 95, F.S. Or, if this at the limited liabili	gree to comply with the amiliar with and accept document is being filed ity company has been

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

Signature of Registered Agent