## 1180000 13828

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
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MAR 25 2019 S. YOUNG

## **COVER LETTER**

TO: Registration Section  Division of Corporations		
SUBJECT: TMPE CCAble WASh Florida, LLC Name of Limited Liability Company	1	
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 this matter to the following:		
Fosé R. Colls Jesurun Name of Person		
Impeccable Wash Flori JA, LLC Firm/Company		
B341 CArdinal Rd Address		
Fort Myers F1 33967 City/Spate and Zip Code		
E-plail address: (to be used for future annual report hotification)		
For further information concerning this matter, please call:		
To3' R. Colls at (239) 565-8114  Name of Person Area Code & Daytime Telephon	e 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 & 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.

110/100.	
1. Name of the limited liability company: IMPECCAble	Wash Florida UC
	341 Cardinal Rd
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
Fort Myers + 33967 7	Fort Myers +1 33967
<u> </u>	
T	1 10
-AMUNY 14,2018	L 18000013828
3. Date of filing/registration in Florida 4.	Document number
5. (a) Jose A. Colls Jesurun	
Registered Agent and Registered Office shown on the records of the Florida Dept.	of State:
19441 Stepping stone Dr.	
Registered Office Address (MURT BE FLORIDA STREET ADDRESS)	79 <b>79</b>
TON MYE13 +1 33967	— I
, FL	
T. 1000111 T.	F E D
(b) José R. Colls Jesuryn	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	6: 23 เกิดเกิด
8341 CARDINAL Rd	<u> </u>
NEW Registered Office Address:	
-Fort Myers +1 33947	
/	
, FL	
If the limited liability company is not organized under the laws of the State	of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the registered agent will be identical. Or, in the case of a Florida limited liability compan	office and the business office of the registered v. it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited li the articles of organization or he operating agreement of the limited liabilit	ability company or as otherwise provided in
the difference of organical appearating agreement of the minited habitit	Loss R. Colle
Signature of a member of authorized epresentative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this	s capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapte to merely reflect a change in the registered office address, I hereby confirm	or 605, F.S. Or, if this document is being filed
notified in writing of this change	та те итиси ишлину сотрину нах песя
Signature of Registers I Agent	
Division of Corporations P.O. Box 6327 Tal	lahassee, FL 32314

**FILING FEE: \$25.00**