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M. MILLIGAN Mar 2 0 2018

COVER LETTER

Division of Corporations					
SUBJECT: DMG CLEANING					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this m	atter to the following:				
MICHAEL GUDITH					
Name of Person					
DMG CLEANING					
Firm/Company					
16918 S.W. 37TH CT.					
Address					
OCALA FLORIDA 34473-3669					
City/State and Zip Code	- ,,, - , - ,				
MAGUD27@YAHOO.COM					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, plea	ase call:				
MICHAEL GUDITH	352 307-4867				
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 am	ount:				
■ \$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	Name of the limited liability company:	CLEANING, LLC
2. (a)	16918 S.W. 37th CT	6) 16918 S.W. 37th CT
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:
	OCALA, FL 34473	(Note: MAY BE POST OFFICE BOX) OCALA FL 34473
	$\frac{0.0101}{10.000}$	
	MARCH 9 2018	L18000062448
3.	Date of filing/registration in Florida	4. Document number
5. (a	a) UNITED STATES CORFORATION AL	SENTS, INC
	Registered Agent and Registered Office shown on the records of the F	lorida Dept. of State:
	13307 WINDING OAK	<u>CT</u>
	. 4	RESS)
	NO. A	
	TAMPA, FL	33617
	MICHAEL GUDITH	ce address:
(b)	Enter name of NEW Registered Agent and/or NEW Registered Offi	
	16918 S.W. 37 Th C.T.	3: 5: FLORE
	NEW Registered Office Address:	
		· ·
	OCALA, FL	<u>34473</u>
If the	limited liability company is not organized under the laws o	f the State of Florida, it is hereby confirmed that after
the ch	hange or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited liabili	registered office and the business office of the registered
was/w	were authorized by an affirmative vote of the members of th	e limited liability company or as otherwise provided in
tne ar	rticles of organization or the operating agreement of the lim	ited liability company.
Sign	nature of a member or authorized representative of a member	Printed or typed name of signee
provis the ob to me	reby accept the appointment as registered agent and agree to isions of all statutes relative to the proper and complete per bligations of my position as registered agent as provided for erelect a change in the registered office address, I here sed in writing of this ahange.	o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept r in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been
Signat	iture of Registered Agent	