

L18000063423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CLERK OF SUPERIOR COURT
JUN 27 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2018

ROBERT FREEMAN
17350 STATE HWY 249
STE 220
HOUSTON, TX 77064

SUBJECT: JUST RITE HOUSE CLEANING LLC
Ref. Number: L18000063423

We have received your document for JUST RITE HOUSE CLEANING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please enter new registered agent information in section 5(b) of application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 318A00011914

RECEIVED
2018 JUN 25 PM 3:27
FLORIDA
CORPORATION
SERVICES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUST RITE HOUSE 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 this matter to the following:

MARSHA SIHA

Name of Person

INCFIL.COM LLC

Firm/Company

17350 STATE HWY 249, STE 220

Address

HOUSTON TX 77064

City/State and Zip Code

EFILE1234@INCFIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHA SIHA

at (888)

462-3453

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 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.

1. Name of the limited liability company: JUST RITE HOUSE CLEANING LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 03/12/2018 Date of filing/registration in Florida

4. L18000063423 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
FREEMAN, ROBERT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1215 28TH AVE

VERO BEACH, FL 32960

(b) LEGALINC CORPORATE SERVICES INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

5237 SUMMERLIN COMMONS

NEW Registered Office Address:

SUITE 400

FORT MYERS, FL 33907

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 office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robert Freeman
Signature of a member or authorized representative of a member

ROBERT FREEMAN

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Wally Schimenti
Signature of Registered Agent

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

FILED
JUN 25 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA