118000063423

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



200314197892

06/07/18 -01610 - 635 - ••25.00

18 JUN 25 PN 2: 11
SECRETARY OF STATE
SECRETARY OF STATE

O SIMPONS JUN 2 / 2018



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):

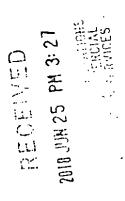
The attached form must be completed in order to file the document.

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



COVER LETTER

TO: Registration Section Division of Corporations						
JUST RITE HOUSE CLEANING LLC						
SUBJECT: Name of Limited Liability Company						
	эшу Сотралу					
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 fo	llowing:					
MARSHA SIHA						
Name of Person	_					
Name of Person						
INCFILE.COM LLC						
Firm/Company	-					
17350 STATE HWY 249, STE 220						
Address	_					
radicos						
HOUSTON TX 77064						
City/State and Zip Code	-					
EFILE1234@INCFILE.COM						
E-mail address: (to be used for future annual report notification	- ation)					
For further information concerning this matter, please call:						
MARSHA SIHA 888	462-3453					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: MAI	LING ADDRESS:					
Registration Section Regis	Registration Section					
Division of Corporations Divis	Division of Corporations					
Cliffon Building P.O.	Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	hassee, 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. 1	Name of the limited liability company: JUST RITE H	IOUSE	CLEANING	3 LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/12/2018	_	L1800006	· · · · · · · · · · · · · · · · · · ·
3.	Date of filing/registration in Florida	4.]	Document number
5. (t	Registered Agent and Registered Office shown on the records of FREEMAN, ROBERT Registered Office Address (MUST BE FLORIDA STREET) 1215 28TH AVE VERO BEACH , FI	ADDRES	52	JIM 25 PH 2: 10 JIM 25 PH 2: 10 ALLAHASSEE, FLORIDA
	NEW Registered Office Address:		<u>.</u>	
	SUITE 400			
	FORT MYERS , FI	33907		
the dagen	e limited liability company is not organized under the la change or changes are made, the Florida street address out will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members urticles of organization or the operating agreement of the	f the reginability control of the lingle limited	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s)
	Robert Froeman	RC	BERT FRE	EEMAN
I he prov the c to m notij	mature of a member or authorized representative of a member reby accept the appointment as registered agent and ag issions of all statutes relative to the proper and complete abligations of my position as registered agent as provide erely reflect a change in the registered office address, I field in writing of this change.	ree to ac	it in this capa nance of my a Chapter 605, onfirm that t	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been

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