L 18000090634

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

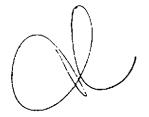




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11/07/23--01012--006 **25.05





COVER LETTER

TO:	Registration Section Division of Corporations		,	•	,
SUBJ	Shaffer Clean, LLC ECT:				
		Name of Limited L	iability Company		
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered	l Office Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerni	ng this matter to the	following:		
Elizab	eth A Lyristakis Shaffer				
	Name of Person		_		
Shaffe	r Clean, LLC				
	Firm/Company			2023	
1130 (Treekside Pkwy unit 110825			2023 NOV -7 AMII	72.75
	Address		<u> </u>	ίσ [*]	(#Z
Naples	s/ FL 34108			AM II: 38	G.
	City/State and Zip Co	ode		<u> </u>) }
jshaffe	r@360clean.com				
	E-mail address: (to be used for future	e annual report notif	ication)		
For fu	rther information concerning this ma	atter, please call:			
Elizab	eth A Lyristakis Shaffer	239 at (227-9698		
	Name of Person		Area Code & Daytime Telephone	Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10	
	Enclosed is a check for the follow	wing amount:			
	■ \$25 Filing Fee	□ \$	55 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.

1. Na	ame of the limited liability company: Shaffer Clean, I.I.	.C						
2. (a)	Shaffer Clean, LLC		(b) Shaffer Clean, LLC					
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		- /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	1130 Creekside Pkwy unit 110825		1130 Creekside Pkwy unit 110825					
	Naples, F1. 34108	_	Naples , FL, 34108					
	04/10/2018	L18000090634						
3.	Date of filing/registration in Florida	- 4.		Document nu	ımber			
5 (a)	Elizabeth A Lyristakis Shaffer							
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of Sta	ite:				
	Elizabeth A Lyristakis Shaffer							
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES!	<u></u>					
	11510 E Terry St				ć.	20		
	Bonita Springs , FL	34135		-	77			
(b)	Elizabeth A Lyristakis Shaffer	_	LAHASSEE,	2023 NOV - 7	energy (
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	SSC	AM 11: 38		
	Elizabeth A Lyristakis Shaffer				E FL			
	NEW Registered Office Address:			_	•			
	1130 Creekside Pkwy unit 110825	<u> </u>		_				
	Naples FI	34108						
change agent v was/we the arti Signa	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members or cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete proper and complete proper and complete propers.	registere ability co of the lim limited l Eliza	ed office are impany, it is ited liability cor abeth A Lyr in this cap	nd the business is hereby confity company or mpany. istakis Shaffer Printed or type pacity. I furthe	s office of the control of the contr	the reg the cha ise pro	istered inge(s) vided in	
the obl to mere notified	ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address. I have time of this change.	A főr in C liereby co	Thaptér 602 Infirm that	5, F.S. Or, if to the limited lia	hiš docum bility com	ent is b pany he	eing filed is been	
Signatu	re of Registered Agent							