L18000093595

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Do	ocument Number)	<u>-</u>		
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
rejects.	<u> </u>			
Office Use Only				



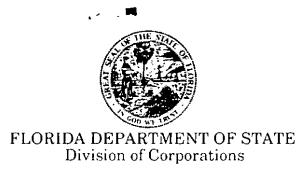
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08/22/18--01014--009 **25.00

FILED
18 SEP 13 PN 6 30

SEP 17 2018





August 29, 2018

DOREEN LANDI 8009 TAUREN CT NAPLES, FL 34119

SUBJECT: YOUR CHOICE CLEANING LLC

Ref. Number: L18000093595

We have received your document for YOUR CHOICE 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 registered agent must sign accepting the designation.

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

Octavia L Simmons Regulatory Specialist III

Letter Number: 918A00017975

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: JOUR CHOICE CLEANTN'S LL Name of Limited Li	Cability 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:			
DOREEN LANDI Name of Person				
TOUR CHOICE CLEANIAG LLC Firm/Company	_			
8009 TAUREN COURT Address				
NAPLES FL . 34119 City/State and Zip Code				
Your Choice Cleaningswfle gmail. Com E-mail address: (to be used for future annual report notif	ication)			
For further information concerning this matter, please call:				
Name of Person at (239	290 - 0773 Area Code & Daytime Telephone Number			
Registration Section Re Division of Corporations Di Clifton Building P.C	ailing address: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314			
Enclosed is a check for the following amount:				
X \$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.

i. Na	ime of the limited liability company: Your CHOIC	E CLEANE	NG LLC	
2 (4)		(b)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liabil (Note: MAY BE POST OFF	
	8009 TAUREN Coit			
	Maples, FL. 34119			
	APRIL 13, 2018 Date of filing/registration in Florida	<u>L18</u>	7000093595	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	BRETT JONES			
,	Registered Agent and Registered Office shown on the records of t	he Florida Dept-ot	State:	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		<u> </u>
	8009 TAUREN Court		· •	7 0
	Naples FL .FL	211119		SEP 13 PH
	14ples 1-L.	59/1/		- G
(b)	DOREEN LANDI		11	PD
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		ون چ
				. ω
	NEW Registered Office Address:			
	8009 TAUREN GURT			
	, , , , , , , , , , , , , , , , , , , ,			
	MIAPLES	34119		
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lic ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the State of the registered of ability company of the limited lia limited liability	office and the business office of it is hereby confirmed that the bility company or as otherwis company.	of the registered ne change(s) e provided in
	Smile	BRE	T JowEl Printed or typed name of sign	
-	ature of 7 member or authorized representative of a member			
provisi the obj to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, 11 d in writing of this mange.	performance of d for in Chapter hereby confirm	capacity - I further agree to c my duties, and I am familiar : 605, F.S Or, if this docume that the limited liability comp	comply with the with and accept not is being filed any has been
	11 , 511			

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