

LIB000 142902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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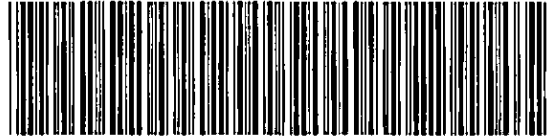
(Business Entity Name)

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18 JUN 25 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O. SIMMONS  
JUN 24 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Thompson Family Cleaning Services "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:

Latasha Thompson  
\_\_\_\_\_

Name of Person

Thompson Family Cleaning Services "LLC"  
\_\_\_\_\_

Firm/Company

6123 Fillyside Trl  
\_\_\_\_\_

Address

Jacksonville Florida, 32244  
\_\_\_\_\_

City/State and Zip Code

tashat580@gmail.com  
\_\_\_\_\_

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

For further information concerning this matter, please call:

Latasha Thompson \_\_\_\_\_ at ( 904 ) 437-1753  
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

**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: Thompson Family Cleaning Services "LLC"

2. (a) 6123 Fillyside Trl Jacksonville Fl. 32244

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

6123 Fillyside Trl Jacksonville Fl. 32244

(b) 6123 Fillyside Trl Jacksonville Fl. 32244

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

6123 Fillyside Trl Jacksonville Fl. 32244

06-08-2018

Date of filing/registration in Florida

L18000142902

Document number

3. Coverall Franchise

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8647 Baypine Rd Suite # 106

Jacksonville, FL 32256

(b) Latasha Thompson

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

6123 Fillyside Trl

NEW Registered Office Address:

6123 Fillyside Trl

Jacksonville, FL 32244

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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.

Latasha Thompson  
Signature of a member or authorized representative of a member

Latasha Thompson

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.*

Latasha Thompson  
Signature of Registered Agent