L. 8000216752

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

Office Use Only



500319756625

10/17/18--01058--019 **55.00

FILED

SECRETARY OF STAG

TALLAHASSEE, FROUGG

S. YOURG

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations					
Twins Pressure Washer LLC					
	of Limited Lia	bility Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	e Change and f	fec(s) are submitted for filing.			
Please return all correspondence concerning this	; matter to the f	ollowing:			
Sandra A Puello					
Name of Person		_			
Twins Pressure Washer LLC					
Firm/Company		_	SE ORI		
1512 Carter Oaks Drive		_	HASS	OCT 17	
Address			ES ES	7 PM	Щ
Valrico, FL 33594			TARY OF STATE IASSEE, FLORIDA	¥ 3: 4:	O
City/State and Zip Code		_	DA DA	<u>+</u>	
mello_5@msn.com					
E-mail address: (to be used for future annu	ial report notifi-	cation)			
For further information concerning this matter,	please call:				
Sandra A Puello	646	752-6919			
Name of Person		Area Code & Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	distration Section ision of Corporations Box 6327 lahassee, Florida 32314			
Enclosed is a check for the following	amount:				
☐ \$25 Filing Fce	\$5	5 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.

(a)	1512 Carter Oaks Drive	(b	1512	2 Carter Oaks E	Drive
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	_	of limited liability company:
	Valrico, FL 33594		Valrio	co, FL 33594	
	· · · · · · · · · · · · · · · · · · ·	_		. <u>'</u>	
	September 12, 2018	_	L1800	0216752	
	Date of filing/registration in Florida	4.		Document nu	ımber
(2)	Roberto Cano				
(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of	State:	
					Σε ε
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	2		ECK B I
	3233 Buckrun Drive				
	Brandon , FL	33511			LED 17 PH SSEE, F
b)	Ramon Alberto Cano				PH 3: FSTA FLOR
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		
	NEW Registered Office Address:				
	1512 Carter Oaks Drive		<u> </u>		
	Valrico	33594			
cha nt v :/wc	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members coles of organization or the operating agreement of the	ws of the the reginability co	stered o ompany. iited lial	ffice and the busing it is hereby confi- bility company or	ness office of the registere remed that the change(s)
	Sandre Pullo	Sa	ndra A	Puello	
_	ture of a member or authorized representative of a member				d name of signee
visi obl	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this clange.	ree to act perform d for in (hereby c	t in this ance of Chapter onfirm t	capacity. I furthe my duties, and I a 605, F.S. Or, if t hat the limited lia	er agree to comply with the familiar with and acce his document is being file whility company has been

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