

L18 000 289419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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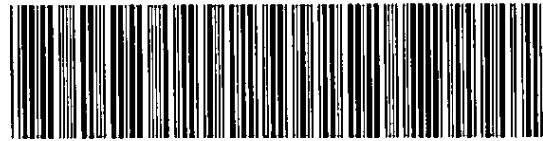
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: -Registration Section  
Division of Corporations

SUBJECT: Clean by Request LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elena del Castillo Peas  
Name of Person

Clean by Request LLC  
Name of Firm/Company

10469 Galleria Street  
Address

Wellington FL 33414  
City/State and Zip Code

greatclean@cleanbyrequest.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elena del Castillo at (407) 949-4966  
Name of Person Area Code Daytime Telephone Number  
561-503-8091

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

**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: Clean by Request LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

10469 Galleria Street  
Wellington FL 33414

10469 Galleria Street  
Wellington FL 33414

3. May 1st, 2019 Date of filing registration in Florida 4. \_\_\_\_\_ Document number

5. (a) Joshua Silver  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
10469 Galleria ST wellington, FL 33414  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_, FL \_\_\_\_\_  
(b) Erenia del Castillo Deds  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

10469 Galleria Street  
NEW Registered Office Address:

Wellington, FL 33414

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TALLAHASSEE, FL  
FBI/DOJ

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.

[Signature] Signature of a member or authorized representative of a member Erenia del Castillo Deds Printed or typed name of signer

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.

[Signature]  
Signature of Registered Agent