L19000008999

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CECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations						
SUBJECT: W & Cleaning Subject: Name of Limited	Services LLC 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:						
William Woubel Roman Perez Name of Person						
WEY Cleaning Services LLC Firm/Company						
386 SWA SA						
Boon Raton FL, 33432 City/State and Zip Code						
<u>Ulliansouhei</u> <u>Gmail</u> <u>ecm</u> E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
William Nobel Quail, Comat (702) 885-6073 Name of Person Area Code & Daytime Telephone Number						
Registration Section R Division of Corporations D Clifton Building P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314					

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

TO: Registration Section

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 1177 7611	···	, .	_
1. Na	ame of the limited liability company: $\stackrel{\smile}{\omega}\stackrel{\dot{\mathcal{B}}}{=}\stackrel{\mathcal{U}}{=}$	Clar.	ng Services (CC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida	4.	Document number
J. (u)	Registered Agent and Registered Office shown on the records of th		f State:
(b)	Registered Office Address (MUST BE FLORIDA STREET AS 386 Sw 28+ BOCA Raten FL William Winder Remain Re Enter name of NEW Registered Agent and/or NEW Registered C William Wonder Remain NEW Registered Office Address: 386 Sw 254	3343;	TALLARIASSEE FLORIDA
	imited liability company is not organized under the laws		
agent v was/we the arti	ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited liable and the reaction and affirmative vote of the members of icles of organization or the operating agreement of the litture of a member or authorized representative of a member	bility company the limited lia imited liability	this hereby confirmed that the change(s) ability company or as otherwise provided in
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had d in writing of this change.	e to act in this performance of for in Chapter ereby confirm	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been

Signature of Registered Agenti