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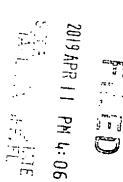
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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R. WHITE AT 17 203

COVER LETTER

TO:

TO: Registration Section Division of Corporations				
SUBJECT: MARLEY'S CLEANI Name of Limit	HG SERVICE LLC			
	, , ,			
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:				
SILVANA MARIEY DA SILVA Name of Person MARIEY'S CIGANING SERVICE FINISHMAN				
MARIETO WOHNING SECTION WE				
Firm/Company				
5580 6157 ST \$ 610				
Address				
COCONUT CREEK . 33073				
City/State and Zip Code				
SILVANAMARUET 07 (D) HOTMAN E-mail address: (to be used for future annual report				
For further information concerning this matter, please call:				
GILVANA MARLEY DA SILVA at (203, 673.9703				
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			
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.

Name of the limited liability company: MAR	LEY'S CLEAN	ING SERVICE	TC.
2. (a) 5580 NW 6157, 5T \$610	(b)		
Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		Mailing address of limite	
COCONUT ERGER FL			
33073			
1.20.2019		L 19 9000 230	289
3. Date of filing/registration in Florida	4.	Document number	
5. (a) SILVANA HARLEY DA SIL	.VA		
Registered Agent and Registered Office shown on the reco-	-	f State:	· 23
5580 NW 6157, ST APT.	610		京 三 司
Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)		
(b) SILVANA MARLEY OA SILVENTE Enter name of NEW Registered Agent and/or NEW Registered	'A	<u>30</u> 73 —	2019 APR 11 PH 4: 06
NEW Registered Office Address:			
	, FL		
If the limited liability company is not organized under the change or changes are made, the Florida street addressent will be identical. Or, in the case of a Florida limit was/were authorized by an affirmative vote of the member the articles of organization or the pre-rating agreement of	ess of the registered of ted liability company pers of the limited lia of the limited liability	office and the business of t, it is hereby confirmed to bility company or as oth company.	ffice of the registered that the change(s) erwise provided in
Signature of a member or authorized representative of a member	SILI	Printed or typed name	DA SILVA
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com the obligations of my position as registered agent as proto merely reflect a change in the registered office address notified in writing of this change.	a agree to act in this plete performance of svided for in Chapter ss, I hereby confirm	capacity. I jurther agre my duties, and I am fam r 605, F.S. Or, if this do that the limited liability (e to comply with the illiar with and accept cument is being filed company has been
Significant of Registered Agent	_		