## L190000275599

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

TO: Registration Section Division of Corporations
Straten of Cosporations
SUBJECT: CN-C Cleaning  Name of Limited Liability Company
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:
Character Mar
Chevone Tones Name of Person
ENC CLEENING LLC Firm/Company
Firm/Company
1012 AIPINE DRIVE
Address
Dellons Cl 32726
De $TONEFI$ 32725  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chevodne Tomes a1 (386) 479-6066
Name of Person Area Code & Daytime Telephone Numb
empericoupled apprece. MAH INC APPRECE.
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability con. DRIVE, DETTOUS F/ (b) 1012 AIPINE DR/BEITONS Mailing address of limited liability company: Principal office address of limited liability company: 32-22 (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 3. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: KON TIKE (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 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. Printed or typed name of signee Signature of a member or authorized representative of a member 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. Nyla-INTHROM

Signature of Registered Agent