1190000 48864

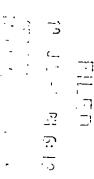
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JUL 12 2019 S. YOUNG



COVER LETTER

Division of Corporations				
Cheryls cleaning Service LL	С			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ce Change and fce(s) are submitted for filing.			
Please return all correspondence concerning thi	s matter to the following:			
Samantha A Monroe				
Name of Person				
Cheryls Cleaning Service LLC				
Firm/Company				
3210 E glenn St				
Address	,			
Inverness FI 34453				
City/State and Zip Code				
RickMonroe63@ymail.com				
E-mail address: (to be used for future ann	ual report notification)			
For further information concerning this matter.	please call:			
Cheryl Monroe	352 4225249			
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			

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)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3210 E Glenn St		
	Inverness, FI 34453		
	02/19/2019	L19	9000048864
	Date of filing/registration in Florida	4.	Document number
(a)	Cheryl A. Monroe		
(**)	Registered Agent and Registered Office shown on the records of	f the Florida Dep	ort, of State;
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	
	3210 E Glenn St		
	Inverness	L_34453	ذ
	F)	L	
(b)			
,	Enter name of NEW Registered Agent and/or NEW Registered	5:	
	Samantha A Monroe		<u> </u>
	NEW Registered Office Address:		: - · · · ·
	Ę1	L	
e ch gent as/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I refe authorized by an affirmative vote of the members lights of organization or the operating agreement of the	of the register iability comp of the limited	ed office and the business office of the registere cany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	MULL CHIMAD	Cheryl	A Monroe
	affire of a member of authorized representative of a member		Printed or typed name of signee
rovis ie ob mei	to accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of mylposition as registered agent as provided in the relative of fice address, I writing of this change	e performanc	e of my duties, and I am Familiar with and acce