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(Requestor's Name)		
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(City	/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bus	iness Entity Name)	
(Document Number)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA "In

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: 5 and M	d Cleaning Services
Dear S	Sir or Madam:	
The en	nclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this n	natter to the following:
	Maria Gonza	lez
_5	and M Cleaning Firm/Company	Services
Q. 0, Box 100066 Address		
Pa	Om bay FL 329. Chy/State and Zip Code	10
4	m m Qonzolez 49 @ C	201.Com report notification)
For fur	rther information concerning this matter, ple	rase call:
M	Owa Gonzalez Name of Person	at (<u>321</u>) <u>432-5584 Area Code & Daytime Telephone Number</u>
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:		
	\$25 Filling 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.

1. Name of the limited liability company:	4 cleaning Services
2. (a) 6180 Babcock st. SE	J.
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Suide 7A16	Palm Bay EL
Palm Bay FL 32909	32910
3/11/2019 3. Date of filing/registration in Florida 4.	L 19000067977
3. Date of filing/registration in Florida 4.	Document number
5. (a) Maria Gonzalez	
Registered Agent and Registered Office shown on the records of the Flor	ida Dept. of State:
2597 Hondison Que. S	ω
Registered Office Address (MUST BE FLORIDA STREET ADDRE	SS)
<u></u>	
Palm bay Fl 1.32	. <u>408</u>
(b) Maria Gonzalez	
Enter name of NEW Registered Agent and/or NEW Registered Office	address: Sg Sg Sg D
G180 Babcock St. SE	9: \$5 PAIE DRIDA
NEW Registered Office Address:	·:
Suite 7A16	
Polm Bay FL 32	.909
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the re	
agent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the I	company, it is hereby confirmed that the change(s)
the articles of organization or the operating agreement of the limited	
Chaux	Was i'a Gonzalez Printed or typed name of signee
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor the obligations of my position as registered agent as provided for it to merely reflect a change in the registered office address, I hereby	ict in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept a Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
notified in writing of this change.	
Signature of Registered Agent	