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COVER LETTER

-	istration Section sion of Corporations		•	
SUBJECT:	Milan Cleaning Services LL	.C		
		ne of Limite	d Liability Company	
Dear Sir or A	vładam:			
The enclosed	d Registered Agent/Registered Of	fice Change :	and fee(s) are submitted for filing	
Please return	all correspondence concerning th	nis matter to i	the following:	
Araceli Flo	pres			
	Name of Person			
Milan Clea	ining Services LLC			
	Firm/Company			<u> </u>
1610 Jemi	ma ave			## 1.1 1::
	Address			*
Ocoee Fl. :	34761			
	City/State and Zip Code			1. - . :
araceli.flor	es67@yahoo.com			
E-mail	address: (to be used for future and	nual report no	otification)	
for further in	formation concerning this matter.	please call:		
Araceli Flo	res	407	233-7171	
	Name of Person		Area Code & Daytime Telep	phone Number
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Encl	osed is a check for the following	amount:		
☑ \$2	5 Filing Fee	٦	\$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.

L. N	ame of the limited liability company: Milan Clean	ing Service	es LLC			
2. (a)	1610 Jemima Ave	(b) 1610 Jemima Ave				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	address of limited liability compa	-	
	1610 Jemima Ave Ocoee Fl. 34761		610 Jemima	Ave Ocoee FI, 34761		
						
	04/16/2019	L ⁻	9000104535			
3.	Date of filing/registration in Florida	— _{4.} —	Docum	nent number		
5. (a)	Araceli Flores					
(,	Registered Agent and Registered Office shown on the records of	of the Florida D	ept. of State:			
						
	Registered Office Address	<u>(ADDRESS)</u>				
	1610 Jemima Ave			20		
	Ocoee	34761				
		· · ·			14 (V	
(b)			<u> </u>	<u> </u>		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registery</u>	<u>ed Office addre</u>	<u>w</u> :		}°``	
	Araceli Flores			TAGE OF BLACE	<u>. </u>	
	NEW Registered Office Address:			(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B		
	1610 Jemima Ave					
	OcoeeF	<u>347</u> 61				
agent was/we the arti	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the control of a member of a member of a member of a member of a member.	of the register liability comp of the limite e limited liab	red office and the pany, it is hereby d liability compa ility company. li Flores	e business office of the reg y confirmed that the change any or as otherwise provide	(istered	
				or typed name of signee	_	
the obli- to mere	y accept the appointment as registered agent and agons of all statutes relative to the proper and complet igations of my position as registered agent as provid by reflect a change in the registered office address. It in writing of this change.	e performanc 'ed for in Cha	'e of my duites, a mrër 605-758-7	and Lam familiar with and Or if this document is bein	accept	
Ana. Signatui	e of Registered Agent					