## L19000 133 032

(Re	equestor's Name)	
(1)	idress)	
(Ac	iaress)	
(Ac	ddress)	<del></del>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200343898492

04/80/20--01006--024 ++25.00

2020 £22 30 PH 1: 15

RAIROICH

MAY 1 4 2020 I ALBRITTON

TO: Registration Section Division of Corporations	gar No				
SUBJECT: REEF POINT JAN Name of Limit	iTORIAL SERVICES ted Liability Company	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:				
William RYAN YOUNG Name of Person					
REEF POINT JANITURIAL S	ERVICES LAC				
1417 ASHBY ST APT 4  Address					
KEY WEST, FL. 33040 City/State and Zip Code					
Reef Point Cleaning @ 9 Mai. E-mail address: (to be used for future annual report	notification)				
For further information concerning this matter, please call:					
RYAN UDUNG at (4	725 · 1605  Area Code & Daytime Tele				
Mailing Address:	Street Address:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
P.O. Box 6327	The Centre of Tallahasse				
Tallahassee, FL 32314	2415 N. Monroe Street, S Tallahassee, FL 32303	=			
Enclosed is a check for the following amount:					
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Cop	v			

INHS18 (2/14)

## 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. Na	ame of the limited liability company: Reef	Point Josit	orial Services	LLC
2 (a)	3675 SEASIDE DR APT 440	o (b)	Po Box 1	31
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limite	
	Key West, FL 33040		Key West,	FL. 33041
3.	5/16/2019 Date of tiling/registration in Florida		19000 133 Document number	032
5 (a)	SCOTT BEAM			
J. (L)	Registered Agent and Registered Office shown on the record	Is of the Florida Dept. of St	ate;	
	3675 Seaside Dr. Apt 44	0		
	Registered Office Address (MUST BE FLORIDA STRE	<u>EET ADDRESS)</u>		
			<del></del>	. 21
	Key West	FL 33040	<u></u>	100
				2020 EFR 30
(b)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:	~	
	The name of the Account of the Accou	etes Onse address.		PH -:
	1417 Ashby St			
	NEW Registered Office Address:		_	<u>.</u> 5
	Ap+ 4		<u> </u>	
	Key West	FL 33040	<u>&gt;</u>	
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limiteere authorized by an affirmative vote of the members of organization or the operating agreement of	the registered office a d liability company, it ers of the limited liabil the limited liability co	and the business office is hereby confirmed the ity company or as other company.	of the registered hat the change(s) erwise provided in
	MI	<u> </u>	Printed or typed name of	
provisi the obl to mere	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address the writing of this change.	agree to act in this ca lete performance of m	pacity. I further agree v duties, and I am lam	e to comply with the iliar with and accept
Signatu	re of Registered Agent			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00