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	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
<u> </u>	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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JUL 2 6 2019

S. YOUNG

COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: Southern Bli Name of Limited	SS Cleaning L. L. C.			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change at	nd fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the	ne following:			
Catharine A Da	14			
Southern Bliss C	leaning			
1446 215t PL SW Address				
Vero Beach, FL 3 City/State and Zip Code	2962			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Cathy Patterson at (32) Name of Person	Area Code & Daytime Telephone Number			
Registration Section I Division of Corporations I Clifton Building I	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314			
Enclosed is a check for the following amount:				

🗇 \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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

c mu				
l. Na	ame of the limited liability company:	<u>s Bliss</u>	Cleanin	glic
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Vero Beach, FL 32962	1446	ng address of limited liabilities: MAYBE POST OFF 2 54- PL Beach	
3. 5. (a)	Date of filing/registration in Florida 4. Cathorine A Day Registered Agent and Registered Office shown on the records of the Florida	Doc	cument number	13
(b)	Registered Office Address MUST BE FLORIDA STREET ADDRESS Vero Beach Fi 36 Cathorine A Pottor Enter name of NEW Registered Agent and/or NEW Registered Office and	1962 500	SECRETAL FL FALLAHASSEL, FL	19 JUL 15 PH
15 ch . 1	NEW Registered Office Address: 1446215+PL510 Vero Beach, FL32 initial liability assessment and address to be a contained and a to be larger of the	962 State of Florida	ORIUM P	6: 5()
the cha	imited liability company is not organized under the laws of the inge or changes are made, the Florida street address of the reg will be identical. Or, in the case of a Florida limited liability of	istered office and	I the business office o	of the registered

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.

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 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 agen! 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.

-harme Signature of Registered Agent