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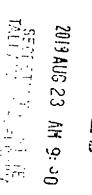
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COVER LETTER

TO: Registration Section Division of Corporations	
A Step Ahead Home Detailin	ng LLC
•	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Cory Cravens	
Name of Person	
A Step Ahead Home Detailing LLC	
Firm/Company	
2101 W Hwy 390, APT 426	
Address	
Lynn Haven, FL 32444	
City/State and Zip Code	
astepahead2019@gmail.com	
E-mail address: (to be used for future annu	nal report notification)
For further information concerning this matter, [please call:
Cory Cravens	850 730-6278
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 a	amount:
☑ \$25 Filing 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.

ess of limited liability company: BE STREET ADDRESS) APT 426 444 Egistration in Florida red Office shown on the records Services INC (MUST BE FLORIDA STREET Dommons Suite 400	L1 4. s of the Florida De		y:
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red Agent and/or NEW Registe	red Office addres	C.55	
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ress:			
PT 426			
	FL_32444		
, the Florida street address ne case of a Florida limited mative vote of the member	s of the register I liability comp rs of the limited	ered office and the business office of the regi spany, it is hereby confirmed that the change ed liability company or as otherwise provide	stered (s)
	Cory (Cravens	
representative of a member		Printed or typed name of signee	
	ress: APT 426 is not organized under the the Florida street address the case of a Florida limited mative vote of the member of a persentative of a member at as registered agent and	ress: APT 426 APT 42	ress: APT 426 FI. 32444 is not organized under the laws of the State of Florida, it is hereby confirmed that af the Florida street address of the registered office and the business office of the regine case of a Florida limited liability company, it is hereby confirmed that the change mative vote of the members of the limited liability company or as otherwise provide to operating agreement of the limited liability company. Cory Cravens Tepresentative of a member Printed or typed name of signee at as registered agent and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S. Or, if this document is being a registered office address, I hereby confirm that the limited liability company has be

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

Signature of Registered Agent