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## **COVER LETTER**

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJI	C& C Cleaning Solutions					
3000		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	iclosed Registered Agent/Registered Offic	e Change and f	ee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the fo	ollowing:			
Cristi	na Lesperance					
	Name of Person		_			
C&C	Cleaning Solutions					
	Firm/Company		_			
1640	1 NE 78th Ave					
	Address		_			
Alach	ua ,FL 32615					
	City/State and Zip Code	, , , <del>, , , , , , , , , , , , , , , , </del>				
cclea	ningsolution@gmail.com					
Ē	-mail address: (to be used for future annu	al report notific	ation)			
For fur	rther information concerning this matter, p	olease call:				
Cristina Lesperance		352 at (	745-6974			
	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	Regi Divi P.O.	ILING ADDRESS: estration Section sion of Corporations Box 6327 ahassee, Florida 32314			
	Enclosed is a check for the following a	imount:				
	\$25 Filing Fee	<b>= \$</b> 55	Filing Fee & Certified Copy			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liabilit submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

1. N	ame of the limited liability company: C&C Clea	ning Solutions	
2. (a)		(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	: 	Mailing address of limited liability cor (Note: MAY BE POST OFFICE L
	7/21/2019	L1900	00187431
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Chloe Muse		
	Registered Agent and Registered Office shown on the record	ds of the Florida Dept. o	of State:
	Registered Office Address (MUST BE FLORIDA STRE 16401 NW 78th Ave		
	Alachua	, FL 32615	201
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u> Lane Erickson	tered Office address:	919 OCT -2 P
	NEW Registered Office Address:	, , , , , , , , , , , , , , , , , , , ,	
	16401 NW 78th Ave		
	Alachua	. FL_32615	
the ch agent was/w	limited 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 vere authorized by an affirmative vote of the membericles of organization or the operating agreement of	ss of the registered of the diability company ers of the limited lia	office and the business office of the ray, it is hereby confirmed that the charability company or as otherwise provacompany.
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei	eby accept the appointment as registered agent and sions of all statutes relative to the proper and compoligations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.	l agree to act in this lete performance op vided for in Chapte s, I hereby confirm	s capacity. I further agree to comply f my duties, and I am familiar with a r 605, F.S. Or, if this document is be that the limited liability company ha
Signat	ure of Registered Agent	-	