orida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

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LLC REGISTERED AGENT CHANGE CLEANCORNER VALET CONCIERGE, LLC

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JUN 25 2021

A. LUNT

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.

1. N	ame of the limited liability company: CleanCo	orner Vale	et Concierge, LLC	
2. (a)	7901 4th St N STE 300	(b) 7901 4th St N STE 300		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	St. Petersburg, FL 33702	Petersburg, FL 33702		
	01/01/20		000254685	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	SCOTT, SHAMMIL			
., (14)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. o	of State:	
	2016 NW 11TH AVE			
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)	01VIS. 21 .	
	FORT LAUDERDALE	_L 33311	MON OX.	
		··	21 JUN 24 PM 12: 27	
(b)			Pr	
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:	7. OR.	
	7901 4th St N		24 PM12: 27	
	NEW Registered Office Address:	,		
	STE 300			
	St. Petersburg	33702		
the ch agent was/w the ar	limited liability company is not organized under the leange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the Rilly Tak.	of the registered liability compan ; of the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.	
	ature of a member or authorized representative of a member		• •	
provis the ob to me notific	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and completed ligations of my position as registered agent as providing reflect a change in the registered office address, and its spriting of this change. Bill Havre - Assista	ted for in Chapte I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been	
	Bill Havre - Assista	ant Secretary		