L19000259729

| (Requestor's Name) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
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| (Business Entity Name) | | | | | | |
| (Buomeso Link, Name) | | | | | | |
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| (Document Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2021

NANCY MONTES 2ND ATTEMPT 3521 NW 35TH WAY LAUDERDALE LAKES, FL 33309

SUBJECT: CLEAN CUTS CONCRETE PLUS LLC

Ref. Number: L19000259729

We have received your document for CLEAN CUTS CONCRETE PLUS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 721A00003932

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

| TO: | Registration Section Division of Corporations |
|-----------|---|
| SUBJ | ECT:Name of Limited Liability Company |
| Dear : | Sir or Madam: |
| The e | nclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. |
| Please | e return all correspondence concerning this matter to the following: |
| | LANCY Monte's Name of Person |
| CL | ean Cuts Concrete Plus LL8 |
| <u>35</u> | 21 NW 35th WAY Address |
| Lai | iderdale lakes FL 33309 City/State and Zip Code |
| | E-mail address: (to be used for future annual coport notification) |
| For fi | irther information concerning this matter, please call: |
| | VANCY Montes at (214) 772-581 6 Name of Person Area Code & Daytime Telephone Number |
| | Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303 |

☐ \$55 Filing Fee & Certified Copy

25 Filing Fee

Enclosed is a check for the following amount:

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. Na | une of the limited liability company: Clean C | uts | Concrete pl | us LC |
|---|---|--|--|--|
| 2 (0) | 400 NW 3444 St | | 1 | |
| ≟. (d) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0 | Mailing address o | f limited liability company: E POST OFFICE BOX) |
| | pompano Beach FL | _ | <u>3521 NW</u> | 35-47 WAY |
| | 33064 | _ | Lauderdale | lakes FL |
| | 2/2//2/ | | | 3330 |
| 3. | 2/24/21 Date of filing/registration in Florida | 4. | Document nur | nber |
| 5. (a) | United States Corporation Registered Agent and Registered Office shown on the records of the | n Qç | ents inc | |
| | | | | 1002 |
| | Registered Office Address (MUST BE FLORIDA STREET) | IDDRESS | <u> </u> | |
| | 5575 S. Semoran Blud | | #36 | ¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬ |
| | Orlando FL | 32 | 712 | 2021 MAR -1 PM 3: 07 |
| (L) | | | | ့် ယ <u>ှ</u> |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office add | dress: | 4 9 |
| | NAN 3521 NW 35 ⁴⁴ WAY NEW Registered Office Address: | -ey | Mon 4 s | • • |
| | 3521 NW 35 WAY | | | |
| | | | | |
| | Landerdale Jakes FL | 33 | 309 | |
| | EI | 20 | 3309 | |
| 104 1 | | | • | |
| change agent was/w | imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | registere bility co of the lim | d office and the business mpany, it is hereby confir ited liability company or a | office of the registered med that the change(s) |
| Signa | ane Marie of a member or authorized expresentative of a member | | Nancy Mor | name of signee |
| I here provis, the ob- to mer notifie | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I have the property of this change. | ee to act performa I for in C wereby co | in this capacity. I further | agree to comply with the |
| | | | | |

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