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Division of Corporations

Fax Number : (850)617-6383

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Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE WHIRLWIND CLEANING SERVICES LLC

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Пеір

K. SALY

7/30/2024 13 17 ±7 PDT - To 18506176383 Page: 2/2 Fax 8134365206

## 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 tollowing statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. N	ame of the limited liability company.	Whirlwind Cleaning Service	es. LLC
2. (a)	Principal office address of limited hal (Note: MUST BE STREET AI	offity company	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	07/28/20		L20000223665
.3.	Date of filing/registration in	Florida 4.	Document number
5. (a.	UNITED STATES CORPORATION AGE	NTS, INC	
:	Registered Agent and Registered Office show		
	476 RIVERSIDE AVE		
	Registered Office Address (MUST BE F)	ORIDA STREET ADDRESS	
	JACKSONVILLE	FL_32202	TELL 30 M F. 15
(p)	Registered Agents Inc		
	Enter name of <u>NEW Registered Agent</u> and o	r NEW Registered Office ad	dress:
	7901 4th St N		<u> </u>
	NEW Registered Office Address:		····
	STE 300		
	St. Petersburg	, FI. 33702	
the cha agent : was/w	ange or changes are made, the Florida s will be identical. Or, in the case of a Fl	street address of the regis lorida limited liability or f the members of the lim	State of Florida, it is hereby confirmed that after stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) sited liability company or as otherwise provided in liability company.
$-I^{\prime}$	tedia 1887 1888 1889 nuce of a member of authorized representative o	Robi	in Jones
Signi	nuic of a member of authorized representative o	f'a member	Printed or typed name of signee
provis he ob- tatibe	ions of all statutes relative to the prope ligations of my position as registered a ely reflect a change in the registered of d in writing of this change.	r and complete perform gent as provided for in (	t in this capacity. I further agree to comply with the ance of my duties, and I am jamiliar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited hability company has been
ild Xy	David Roberts	- Assistant Secretary	

Signature of Registered Agent