## L20 000343318

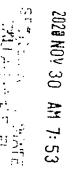
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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## COVER LETTER

Division of Corporations	, —
THE CLEANING TEAM, LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
DENISE POLANO TRAVIS	
Name of Person	<del></del>
THE CLEANING TEAM, LLC	
Firm/Company	
19100 BEATRICE LANE	
Address	<del></del>
LAND O LAKES, FL 34638	
City/State and Zip Code	<del></del>
EMERALDST3@AOL.COM	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
DENISE POLANO TRAVIS	310 721-3794
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	nt:
□ \$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.

2. (a)	3705 BENERAID ST		(b) 3705 BENERAID ST		
. (Δ)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	LAND O LAKES. FL 34638	_	LAND O	LAKES, FL 34638	
	10/28/2020		L20000343	318	
3. 5. (a)	Date of filing/registration in Florida  JERRY P HARROFF	4.		Document number	
. (a)	Registered Agent and Registered Office shown on the records of 3705 BENERAID ST	the Florid	la Dept. of Sta		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			202 <b>8 H</b> OV	
(b)	LAND O LAKES	34638		30	
	DENISE POLANO TRAVIS				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_ <del></del>	
	19100 BEATRICE LANE			,	
	NEW Registered Office Address:			_	
	LAND O LAKES . FI	34638		_	
hange gent as/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the	register ability co of the lin- limited	ed office an ompany, it i nited liabilit	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
Signa	there of a mariber or authorized representative of a member			Printed or typed name of signee	
rovis he ob o mei	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ree to ac perforn d for in hereby c	t in this cap lance of my Chapter 60, confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filea the limited liability company has been	