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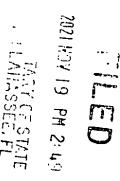
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| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: USA CARPENTRY CLE Name of Limited L | ANING SERVICES LLC |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change and | I fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the | following: |
| YOVANNY M. IRAHETA Name of Person | |
| Firm/Company | |
| 1650 SW 226 ST Address | |
| NEW BERRY FL, 32669 City/State and Zip Code | |
| USACARPENTRYCIEAN SERVICES E-mail address: (to be used for future annual report noti | @GMAIL. CBH fication) |
| For further information concerning this matter, please call: | |
| YOVANNY M. 1RAHETA at (90) Name of Person | 9) 546 - 9503 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: | |
| ☐ \$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.

| | | – | _ | | |
|--|--|----------------------------------|--------------------------------|--|----------------------|
| 1. Na | ime of the limited liability company: USA CAR | PENTRI | 1 CLEAN | JING SE | RUICES |
| | 1650 SW 226 St | | | E 62 L | |
| , , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | . (/ | Mailing addres | ss of limited liabilit V BE POST OFFI | y company: |
| | NEW BERRY, FL. 32669 | <u>دی</u> | illistor | U, FL. | 32690 |
| | | | | | |
| | 11/16/2020 | | 20000 | 03630 | 15 |
| 3. | Date of filing/registration in Florida | 4. | Document | | |
| 5. (a) | UNITED STATES CORPORATION F Registered Agent and Registered Office shown on the records of the | | | | |
| | 5576 S SEMORANO B | LVN 57 | F36 | | |
| | Registered Office Address (MUST BE FLORIDA STREET AD | | | | |
| | | - | | | |
| | ORLANDO FL | 3282 | <u>2</u> | 1001 | |
| (b) | YOVANNY M. IRAHETA | | | 61 ACI | Tarana Parama |
| • | Enter name of NEW Registered Agent and/or NEW Registered O | ffice address: | | 3 YSS 3 YSS 3 P | 77 |
| | 1650 SW 226 St | | | E 21 | D |
| | NEW Registered Office Address: | · <u>-</u> | | FLE FS | |
| | NEWBERRY, FL 32669 | | · | | |
| | N. E. J. (1) (2) | ~ ~ / / | . 0 | | |
| | NEW BERRY FL | 2266 | <u>> 7</u> | | |
| change agent v | imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability in the case of a Florida limited liability in the laws of the laws | gistered office ility company, i | and the busine t is hereby cor | ess office of the offirmed that the | registered change(s) |
| | ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line. | nited liability c | ompany. | | - |
| No l | ure of a member or authorized representative of a member | YOVAL | VNY A | 1. [RA | HETA |
| I herei provisi the obl to mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete peigations of my position as registered agent as provided few reflect a change in the registered office address, I her in writing of this change. | | | | |