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(Re	equestor's Name)			
(Ac	ddress)			
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
——————————————————————————————————————	usiness Entity Nar	me)		
(50	Joine So Endry Har	no,		
(DC	ocument Number)	,		
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			





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COVER LETTER ...

тө:	Registration Section Division of Corporations		
SURJE	TRI COUNTY CLEAN PRO. L	LC	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	Name of Limited I	Liability Company
Dear Si	r or Madam:		
The enc	losed Registered Agent/Registered	Office Change and	f fee(s) are submitted for filing.
Please r	eturn all correspondence concerning	g this matter to the	following:
ANTHO	NY D. VANSCOOTER		
	Name of Person		
TRI CO	UNTY CLEAN PRO. LLC		
	Firm/Company		<u> </u>
31 S. SA	ND PALM RD.		
	Address		
FREEPO	ORT. FL 32439		
	City/State and Zip Coo	de	
anthony(a-tricountycleanpro.net		
E-	mail address: (to be used for future	annual report noti	fication)
For furt	her information concerning this ma	tter, please call:	
ANTHO	NY D. VANSCOOTER	850 at (687-7063
·	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 follow	ving amount:	
	S25 Filing Fee	<u> </u>	355 Filing Fee & Certified Copy

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.

Name	e of the limited liability company:	CLEAN	PR	O, LLC
{a} IF	RI COUNTY CLEAN PRO, LLC		(þ.	TRI COUNTY CLEAN PRO, LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3	SES, SAND PALM RD.			31 S. SAND PALM RD.
F	FREEPORT, FL 32439			FREEPORT, FL 32439
D	DEC. 14, 2020		i	L20000389921
	Date of filing registration in Florida	4.	-	Document number
(a) A	NTHONY VANSCOOTER			
	egistered Agent and Registered Office shown on the records ANTHONY VANSCOOTER	of the Flo	orida	a Dept. of State:
	egistered Office Address (MUST BE FLORIDA STREE	T ADDR.	ESS)	
4.	G CYPRESS POND RD. UNIT C			
S	SANTA ROSA BEACH	FL_32459	n .	ECRETARY TALLAHAS
(b)	NTHONY VANSCOOTER			
En	nter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office	: add	drevs:
A	ANTHONY VANSCOOTER			#: 08
$\overline{\mathbf{v}}$	EW Registered Office Address:			
3!	1 S. SAND PALM RD.			
FI —	REEPORT, F	7L_32439	'n	
nge or nt will s were	ited liability company is not organized under the less changes are made, the Florida street address of the besidentical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of the	ne regist liability of the limite	erec con limit d lic	ed office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company.
115	of a member or authorized representative of a member		IN I I	HONY D. VANSCOOTER Printed or typed name of signee
_000				

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

notified in writing of this change.

Signature of Registered Agent