

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Empil	Address:			
CHIGT	WARI COO!		 	

## LLC REGISTERED AGENT CHANGE TAMEKO'S CLEAN'N SERVICE LLC

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## 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. N	ame of the limited liability company: Tameko's	s Clea	n'n Service Ll	<u>_C</u>		
2. (a)		(b) _				
- ( ( )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	01/07/2021	 L	21000019647	7		
3.	Date of filing/registration in Florida		Document nun	nber		
	, CUTTINO, TAMEKO					
5. (a	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:			
	3907 NW 30TH TERRACE					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
	1					
	LAUDERDALE LAKES	33309		20		
				2022 NOV		
(b			···			
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	<u>:555</u> :	- 2000 - <b>8</b> - 1000 -		
	7901 4th St N					
	NEW Registered Office Address:			1		
	STE 300			<u> </u>		
	St. Petersburg, FI	L_33702	1.0°T			
the c agent was/	limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	iws of the S of the registe iability con of the limit e limited lia	ered office and the busin pany, it is hereby confir ed liability company or a	ess office of the registered med that the change(s)		
Sig	nature of a member or authorized representative of a member		Printed or typed	name of signee		
prov the o to me notif	reby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide the reflect a change in the registered office address, lifed in writing of this change.    Bill Havre - Assista	gree to act i e performan led for in Cl I hereby con nt Secreta	iapter 605. F.S. Or. if the firm that the limited lian	r agree to comply with the m familiar with and accept ais document is being filed bility company has been		
Sien	ature of Registered Agent	nt Jeulete	ч			