## 121000052926

(Requ	uestor's Name)	
(Addr	ess)	_
(Addı	ess)	
(City/	State/Zip/Phone	e #)
		<u></u>
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
·	•	•
(Doci	ument Number)	
(333)	<b>-</b> ,	
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Certified Copies	Centificates	o oi Status
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Special Instructions to Fi	ling Officer:	

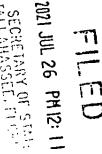
Office Use Only



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Land Control of the state of

1505/11/80 HT



## COVER LETTER

TO: Registration Section Division of Corporations		
x-tra clean service lle SUBJECT:		
	me of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to th	ne following:
kimberly j Tolber		
Name of Person		
x-tra clean service		
Firm/Company		<del></del>
4528 Tunis street		
Address		
Jacksonville Fl 32205		
City/State and Zip Code		
myxtraclean@gmail.com		
E-mail address: (to be used for future an	nual report no	tification)
For further information concerning this matte	r, please call:	
kim Tolber	904 at (	383-6982
Name of Person	a. \	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 followin	g amount:	
■ \$25 Filing Fee	۵	\$55 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 of the limited liability company: $\frac{X-t}{t}$	ra clean serviceslle		
4528 Tunis street Jacksonville fl 32205		(b) 4528 Tunis street Jacksonville Fl32205	
Principal office address of limited liabilit  (Note: MUST BE STREET ADD)	y company:	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	:
Middleburg FL	11911 32568	Middleburg FL3	
01/29/2021		400357826104	
Date of filing/registration in Flo	orida 4.	Document number	
Dundrea C Richardson sr.			
Registered Agent and Registered Office shown o	n the records of the Flor	ida Dept, of State:	
9140 golfside drive Suite 13N			
Registered Office Address (MUST BE FLOR	AIDA STREET ADDRE	<u>SS)</u>	
		TAL SE	
jacksonville	gt 32256	CRECA	•
	, r	28	
Kimberly Tolber			
Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office	address:	: 5
4528 Tunis Street			:  
NEW Registered Office Address:			
jacksonville	32205		
	, FL		
ge or changes are made, the Florida street a will be identical. Or, in the case of a Flor	ddress of the registe ida limited liability of ne members of the li	ne State of Florida, it is hereby confirmed that aftered office and the business office of the registere company, it is hereby confirmed that the change(s mited liability company or as otherwise provided I liability company.	L :)
rature of a member or authorized representative of a	member	Printed or typed name of signee	
reby accept the appointment as registered a sions of all statutes relative to the proper a bligations of my position as registered age rely reflect a change in the registered offic ad in writing of this change.	gent and agree to a ind complete perfori it as provided for in e address, I hereby	ct in this capacity. I further agree to comply with mance of my duties, and I am familiar with and ac Chapter 605, F.S. Or, if this document is being j confirm that the limited liability company has bee	th ce île n
u )eu			

BUICE 15/10