

# LZ1000062450

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

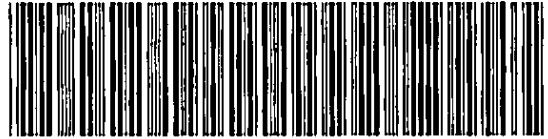
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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03/08/21--01021--003 \*\*35.00

R. W. F. 11  
JUL 28 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Maid It Out LLC  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** LA1000062450

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Amelia Jones  
Contact Person

Maid It Out LLC  
Firm/Company

5524 Huron Way  
Address

Lakeland FL 33805  
City, State and Zip Code

maiditoutllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amelia Jones at (803) 397 3913  
Name of Contact Person Area Code and Daytime Telephone Number

✓ Enclosed is a \$35.00 check made payable to the Florida Department of State.

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 JUL 21 AM 11:45

May 15, 2021

AMELIA JONES  
5524 HURON WAY  
LAKELAND, FL 33805

SUBJECT: MAID IT OUT LLC  
Ref. Number: L21000062450

We have received your document for MAID IT OUT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 421A00010250

**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. Name of the limited liability company: Maid It Out LLC
2. (a) 5524 Huron Way  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Lakeland FL 33805
- (b) 5524 Huron Way  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Lakeland FL 33805

3. 2/4/2021  
Date of filing/registration in Florida
4. LA10000062450  
Document number

5. (a) Shannetta Jones  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5524 Huron Way  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Lakeland, FL 33805

- (b) Amelia Jones  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5524 Huron Way  
NEW Registered Office Address:

Lakeland FL 33805

\_\_\_\_\_, FL \_\_\_\_\_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Shannetta Jones  
Signature of a member or authorized representative of a member

Shannetta Jones  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Amelia Jones  
Signature of Registered Agent