Division of Corporations



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(((H25000039006 3)))



H25000039006348CZ

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

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## LLC REGISTERED AGENT CHANGE FLORIDA COAST POWER WASHING LLC

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COVER LETTER

(((H25000039006 3)))

TO: Registration Sec Division of Corp			
(Maria and Care	FLORIDA C	OAST POW	ER WASHING LLC
SUBJECT:	Name of	Limited Li	ability Company
Dear Sir or Madam:			
The enclosed Registered	Avent/Registered Office C	Thange and	fee(s) are submitted for filing.
-	ondence concerning this ma	-	
rieuse return an correspo	andence concerning and the	mer to the i	onowing.
LOVETTE DOBSON			
	Name of Person		
	Firm/Company		_
	, ,		
17350 STATE HWY 249 :			_
	Address		
HOUSTON, TX 77064			
City	/State and Zip Code		_
efile1234@incfile.com			
E-mail address: (to	be used for future annual r	eport notifi	cation)
For further information of	concerning this matter, plea	se call:	
LOVETTE DOBSON		1	(888) 462-3453
Name of		! (	Area Code & Daytime Telephone Number
Mailing Address Registration Set Division of Corp.O. Box 6327 Tallahassee, FL	ction rporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a ch	eck for the following amo	ount:	
■ \$25 Filing Fe	e	□ \$5	5 Filing Fee & Certified Copy
INHS18 (2/14)			(((H25000039006 3)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H25000039006 3)))

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	ame of the limited liability company: FLORIDA COAST	[ POW	ER WASHIN	IG LLC
2. (a)	5359 NW WISK FERN CIR.			WISK FERN CIR.
(,	Principal office address of limited liability company.  (Note: MUST BE STREET ADDRESS)	·- \		Muiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PORT SAINT LUCIE, FL 34986	·	PORT SA	INT LUCIE, FL 34986
	02/08/2021	_	1,21000066	.148
3.	Date of filing/registration in Florida	<del>.1</del> ,		Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.			
(w)	Registered Agent and Registered Office shown on the records of the 476 RIVERSIDE AVE.	he Floric	la Dept. of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET A.	<u>DDRES</u>	SI	2025 FEB
·	JACKSONVILLE	32202		Fig. 8
(b)	REPUBLIC REGISTERED AGENT LLC			SEP OF THE PROPERTY OF THE PRO
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> 1150 Nw 72nd Ave Tower 1 Ste 455	Office a	ldress:	8: <b>52</b>
	NEW Registered Office Address:			_
	<u> </u>			_
	Miami FL <sup>3</sup>	33126		·. _
:hange igent v vas/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the li	egister offity co the lin	ed office an ampany, it is nited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
	Exic Atkin			Eric Atkin
Signal	ure of a member or authorized representative of a member			Printed or typed name of signee
provisio he obli o merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete polications of my position as registered agent as provided for reflect a change in the registered office address. The fin writing of this change.	e to ge erform for in ( reby c	t in this cape ance of my c Chapter 605 onfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Signatu	LAULTE VOBSON			(((H25000039006 3)))