## K21000136295

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
| (Addiess)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| (23371011171017)                        |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

|  | □ \$25 Filing Fee                             |                           | \$55 Filing Fee & Certified | 1 Сору                                 |         |  |
|--|---|---------------------------|-----------------------------|--|---------|--|
|  | Enclosed is a check for the follow            | ing amount:               |                             |  |         |  |
|  |   |                           | Tallahassee. FL 323         | 303                                    |         |  |
|  | Tallahassee, FL 32314                         |                           | 2415 N. Monroe Str          |  |         |  |
|  | P.O. Box 6327                                 | The Centre of Tallahassee |                             |  |         |  |
| Division of Corporations   |   |                           | Division of Corporations    |  |         |  |
|  | Registration Section                          |                           | Registration Section        | n                                      |         |  |
|  | Mailing Address:                              |                           | Street Address:             |  |         |  |
|  | Name of Person                                | aı (                      | Area Code & Daytime         | e Telephone Number                     |         |  |
| Melis  | ssa Jones                                     | 844<br>at (               | 493-6249                    | H 12:                                  | C       |  |
| For fur  | ther information concerning this mat          | ter, please call:         |                             | 2022 JUL 15 PM1                        |         |  |
| Е  | mail address: (to be used for future          | annual report not         | ification)                  | L'AH<br>L'AH                           | ( -in   |  |
| ra@zen   | business com                                  |                           |                             | 022 J                                  | <b></b> |  |
|  | City/State and Zip Coo                        | le                        | <u>-</u>                    | ·· 2                                   |         |  |
| Tallaha  | ssee, FL 32301                                |                           |                             |  |         |  |
|  | Address                                       |                           |                             |  |         |  |
| 336 E.   | College Ave. Suite 301                        |                           | <del></del>                 |  |         |  |
|  | Firm/Company                                  |                           |                             |  |         |  |
| ZenBus   | iness Inc.                                    |                           |                             |  |         |  |
|  | Name of Person                                |                           |                             |  |         |  |
| Meliss   | a Jones                                       |                           |                             |  |         |  |
|  | one spouletier concerning                     | 5 ims marier to m         | c tonowing.                 |  |         |  |
|  | return all correspondence concerning          | _                         |                             | •••••••••••••••••••••••••••••••••••••• |         |  |
|  | closed Registered Agent/Registered            | Office Change an          | ed fee(s) are submitted for | filing                                 |         |  |
| Dear S   | ir or Madam:                                  |                           | ,                           |  |         |  |
| SUBJECT: A'DIVAS & SON RESIDENTIAL CLEANING LLC  Name of Limited Liability Company |   |                           |                             |  |         |  |
|  | AIDIMAS & SON DESIDE                          | ENITIAL CLEAN             | JINO 1 L C                  |  |         |  |
| TO:  | Registration Section Division of Corporations |                           |                             |  |         |  |

INHS18 (2/14)

## 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. <b>N</b> a  | ame of the limited liability company: A'DIVAS &   | SON                                | RESID   | ENTIAL CLEANING LLC  |  |  |
|--|---|------------------------------------|---|--|--|--|
| 2. (a)   | 1001 36TH STREET  | <b>(</b> h                         | (b) 1001 36TH STREET                                  |  |  |  |
|  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   | _                                  |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |  |  |
|  | S151  |                                    | S151  |  |  |  |
|  | WEST PALM BEACH, FL 33407   | _                                  | WEST  | PALM BEACH, FL 33407   |  |  |
|  | 03/23/2021  |                                    | L2100   | 0136295  |  |  |
| 3.<br>5. (a)   | Date of filing/registration in Florida Registered Agents Inc.   | 4.                                 | -   | Document number  |  |  |
| J. (a)   | Registered Agent and Registered Office shown on the records of th   | e Florida                          | Dept. of State  | -<br>£   |  |  |
|  | 7901 4th St N   |                                    |   |  |  |  |
|  | Registered Office Address   | DDRESS                             |   | 2022 JUL 15  |  |  |
|  | St. Petersburg , FL   | 33702                              |   |  |  |  |
| (b)  | ZenBusiness Inc   |                                    |   | 5 PM 12: 5   |  |  |
| Enter name of NEW Registered Agent and/or NEW Registered Office address: |   |                                    |   | MID: 5   |  |  |
|  | 336 E. College Ave.   |                                    |   | 57   |  |  |
|  | NEW Registered Office Address:  |                                    |   | -  |  |  |
|  | Suite 301   |                                    |   |  |  |  |
|  | Tallahassee , FL  | 2301                               |   |  |  |  |
| agent w<br>was/we<br>the artic   | mited liability company is not organized under the laws<br>or changes are made, the Florida street address of the n<br>ill be identical. Or, in the case of a Florida limited liab<br>re authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the li | egistered<br>ility con<br>the limi | l office and<br>upany, it is<br>ted liability         | the business office of the registered<br>hereby confirmed that the change(s) |  |  |
|  | Dashica Lakinya Davis   | Das                                | shica La  | kinya Davis  |  |  |
|  | ure of a member or authorized representative of a member  |                                    |   | Printed or typed name of signee  |  |  |
| the oblito mere  | ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete possitions of my position as registered agent as provided by reflect a change in the registered office address, I he fin writing of this change.  | ??**********                       | 2 <i>~2</i> 20 10 10 11 11 11 11 11 11 11 11 11 11 11 | ution and I am familian with and account                                     |  |  |
| Signatur   | e of Registered Agent   |                                    |   |  |  |  |