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COVER LETTER

TO: Registration Section **Division of Corporations** Clean Freaks Custom Cleaning LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Karey Pearce Name of Person Clean Freaks Custom Cleaning LLC Firm/Company 5736 Kinglethill Drive Address Lithia, FL 33547 City/State and Zip Code karey@cleanfreaksfl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 843-8014 Karey Pearce Area Code & Daytime Telephone Number Name of Person **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

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.

Name of the	: limited liability company:Clean Freak	s Custom Cleaning LL	.C	
5736 King	5736 Kinglethill Drive		(b) 5736 Kinglethill Drive	
,Pri	incipal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
Lithia, F	1, 33547	Lithia.	FL 33547	
April 15.	2021	1.21000	174850	
	Date of filing/registration in Florida	4.	Document number	
Samantha	a Hanley			
Registered	Agent and Registered Office shown on the recor	ds of the Florida Dept. of	State:	
2846 Dui	ncan Tree Circle			
Registered	Office Address	EET ADDRESS)		
Valrico		33594		
		FL	202	
Karey Pea	nrce		2021 JUN 24 AM 11: 57	
Enter name	e of NEW Registered Agent and/or NEW Regis	tered Office address:	—— 图 2	
5736 Kir	nglethill Drive			
<u>NEW</u> Reg	gistered Office Address:			
Lithia		33547		
		_, l*L		
e or change	es are made, the Florida street address o	f the registered office	f Florida, it is hereby confirmed that after e and the business office of the registered	
zere author	rized by an affirmative vote of the memb ganization or the operating agreement of	ers of the limited liab	it is hereby confirmed that the change(s) bility company or as otherwise provided in company.	
	earnzanon of the operating agreement of	tine imited habinty Karey Pearce	•	
ature of a member or authorized representative of a member			Printed or typed name of signee	
	(,)	I amount to most be their	capacity. I further agree to comply with t	