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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

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 S.D.S. RELIABLE CLEANING SERVICES LLC

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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. Na	ame of the limited liability company:	CLEANING SERVI	CES LLC		
2. (a)	7901 4th St N STE 300	(b) ^{7901 4th}	(b) 7901 4th St N STE 300		
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	St. Petersburg FL	St. Peter	St. Petersburg FL		
	33702	33702			
	04/19/21	L21000180	D719		
3.	Date of filing/registration in Florida	- _{4.}	Document number		
5. (a)	ROSARIO, DAWN L				
J. (11)	Registered Agent and Registered Office shown on the records of t	ale:			
	1502 SE ROYAL GREEN CIRCLE				
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> :	- - -			
			THE THE		
	PORT ST LUCIE	34952			
	, FL				
(D) -	Northwest Registered Agent LLC	部まし			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	- El ú		
	7901 4th St N		PH 5: 10		
	NEW Registered Office Address:	_			
	STE 300				
	O. P. L.		_		
	St. Petersburg , FL	33702 ————————	_		
he cha igent w vas/we he artii	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the law of a member or authorized representative of a member	the registered office bility company, it If the limited liabili	to and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
Signati	are of a member or authorized representative of a member		Printed or typed name of signee		
l hereb provisio he obli o mere potified	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	performance of my I for in Chapter 60 erchy confirm that	pacity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
- / Vaux	Taylor Newman - Assistant Se	cretary			