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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Tidy Toni's Clear	ning Service LLC		
Name of Limited Liab	pility Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fe	e(s) are submitted for filing.		
Please return all correspondence concerning this matter to the fol	lowing:		
Toni L. Little			
Name of Person	-		
The Table Charles Sou	(via I) C		
Tidy Toni's Cleaning Seri			
574 Shady brove Dr.	-		
Address			
Dunedin, FL. 34698 City/State and Zip Code			
City/State and Zip Code	-		
Toni Li He 70 @ Yahoo. C.D H E-mail address: (to be used for future annual report notifica			
E-mail address: (to be used for future annual report notifica	tion)		
For further information concerning this matter, please call:			
Toni Lilitte ai 727	, 798.4958		
	Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
\$25 Filing Fee \$55	Filing Fee & Certified Copy		

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. Na	ume of the limited liability company: Tidy	Toni's Cleaning Service	
	574 SHady Grove Dr.	(b) 574 Shady Grove Dr.	
(=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Dunedin, FL 34698	Dunedin FL. 34698	
	7/13/2021	L 21000 303 164	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	(a) United States Corporation Agents, INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	5575 S. Semoran Blue	<u> </u>	
	Registered Office Address (MUST BE FLORIDA STREET	1 32822 NA TO TO TO TO THE STATE OF THE STAT	
	<u> </u>		
	<u>Orlando</u> , F	r 37.837	
(b)	Toni L Little	Seg 3 M	
, ,	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	
	574 Shady Grove Dr.		
	NEW Registered Office Address:		
			
	Dunedin,F	L 34698	
change agent v was/w	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li	aws of the State of Florida, it is hereby confirmed that after the e registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.	
-	Toni R. Aittle	Toni L. Little	
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee	
provisi the obt to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	tree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Tru Lyitte
Signature of Registered Agent