

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000149402 3)))



H220001494023ABCY

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:			tocc AFR
	Division of Co	orporations	
	Fax Number	: (850)617-6383	, on
From:			ייר
	Account Name	: REGISTERED AGENTS INC.	₽.
		r : I20090000081	
	Phone	: (307)200-2803	
	Fax Number	: (855)330-1010	*
			,

annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE ALL CLEAN FACILITIES SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

C,	BRUMBLE	/

APR 2 7 2022

Electronic Filing Menu

--

Corporate Filing Menu

Help

## 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.

2. (a)		(b		
	Principal office address of limited liability compared (Note: MUST BE STREET ADDRESS)	pany:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/19/2021	<u> </u>	L2100	00316866
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	WALTBILLIG, JOHN			_
	Registered Agent and Registered Office shown on the re	ecords of the Florida	Dept. of Stat	te:
	100 CORRIDOR RD STE 100			
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS	2	2022 APR
				1PR
	PONTE VEDRA BEACH	, <sub>FL</sub> _32082	) 	7 F E
	Northwest Registered Ag	entLLC		PH ED
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			PH. 4: 24
	7901 4th St N			. 22
	NEW Registered Office Address:			
	STE 300			_
	St. Petersburg	, <sub>FL</sub> 33702	) -	<b></b> .
the cha agent v was/we	imited liability company is not organized unde inge or changes are made, the Florida street ad will be identical. Or, in the case of a Florida li ere authorized by an affirmative vote of the me cles of organization or the operating agreemer	dress of the regi- mited liability co embers of the lim	stered offic ompany, it i ited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
_		h 4	rgan No	oble
=	ture of a member or authorized representative of a memb			Printed or typed name of signee
provisi the obi	by accept the appointment as registered agent ons of all statutes relative to the proper and c igations of my position as registered agent as ely reflect a change in the registered office add I in writing of this change.	ammadala a mariarm	<i>וות זכר פרו</i> תו	' maies, ana i am taminar win ana accen

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

Tom Glover - Assistant Secretary

Signature of Registered Agent