8/25/2021

La Operion of Corporation 45880 Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H21000319275 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | |
|-------|----------|--|
|-------|----------|--|

LLC REGISTERED AGENT CHANGE COSMIC CLEANING AND MANAGEMENT LLC

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

AUG 2 6 2021

A. LUNT

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

| rioria | | | | | |
|--|--|---|--|--|--|
| 1. N | ame of the limited liability company: COSMIC | CLEANING A | AND MANAGEMEN | T LLC | |
| 2. (a) | 927 INDIAN WOMAN RD. | (b) 927 | 7 INDIAN WOMAN F | RD. | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | SANTA ROSA BEACH, FL 32459 | SAN | NTA ROSA BEACH, FL | 32459 | |
| | 07/26/21 | L210 | 000345880 | | |
| 3. | Date of filing/registration in Florida | 4. | Document number |) SEVIS | |
| 5. (a) | , JOHN J OHANLAN, JR | | | SLUBETA STUDE OF 2021 AUG | |
| (u. | | Registered Agent and Registered Office shown on the records of the Florida Dept. of State | | | |
| | 927 INDIAN WOMAN RD. | | 7.5 25 | | |
| | Registered Office Address (MUST BE FLORIDA STREE | | RP S | | |
| | | | | F STATE | |
| | SANTA ROSA BEACH | | 5 | | |
| (b) | Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address: | red Office address: | | | |
| | STE 300 | | | | |
| | 0.2 000 | 11,11 | | | |
| | St. Petersburg | FL 33702 | | | |
| the chagent was/w the ar Sign I here provise the obto means. | limited liability company is not organized under the tange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the authorized representative of a member eleby accept the appointment as registered agent and completions of all statutes relative to the proper and completing of this change in the registered agent as proving the proper and completing of this change. | of the registered I liability companies of the limited liability he limited liability. Riley Panagree to act in this let performance and lided for in Chapte | office and the business officy, it is hereby confirmed that ability company or as others by company. rk Printed or typed name of secapacity. I further agree to finy duties, and I am familier 605, F.S. Or, if this documents | the change(s) wise provided in signee to comply with the ar with and accept ment is being filed. | |

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent