121000476466

(R	equestor's Name)				
(A	ddress)				
(A	ddress)				
(C	ity/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to	o Filing Officer:				
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PART STE STATE

VALUESEE, FL

Y SULKER FEB 1 7 2022



RECEIVED

2022 FEB 16 PM 10: 59

SECRETARY OF STATE TALLAHASSEE, FL

January 19, 2022

FLORIDA STATE CLEANING LLC 512 LINCOLN AVE DEFUNIAK SPRINGS, FL 32435

SUBJECT: FLORIDA STATE CLEANING LLC

Ref. Number: L21000476466

We have received your document for FLORIDA STATE CLEANING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 422A00001471

COVER LETTER

10.	Division of Corporations	
SUBJE	CCT: Florida state clea	ning LLC
		mited Liability Company
Dear Si	r or Madam:	
The end	closed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please	return all correspondence concerning this matte	to the following:
	Eustolia Francisco Toscano	
	Name of Person	
	Florida state cleaning LLC	
	Firm/Company	
	512 Lincoln Ave.	
	Address	
	Defuniak Springs, FL 32435	
	City/State and Zip Code	
	tolinperez1215@icloud.com	
Ē-	mail address: (to be used for future annual repo	rt notification)
For furt	her information concerning this matter, please o	all:
Eus	tolia Francisco Toscano	850 333 5472
	Name of Person	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount	:
9	\$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	Same of the limited liability company:Florida state cleaning LLC						
2. (a)			(b)				
	Principal office address of fimited lin (Note: MUST BE STREET A		_ , ,		Mailing address of limited (Note: MAY BE POST	I liability company:	
	512 Lincoln Ave.			512	Lincoln Ave.		
	Defuniak Springs, FL	32435-2131	_	Defuni	iak Springs, FL	32435-2131	
	01/03/2022				L21000476466		
3.	Date of filing/registration in	Florida	4.		Document number		
5. (a)							
ŕ	Registered Agent and Registered Office show	wn on the records of the	he Florida [Dept. of Stat	e:		
	Florida Agent	ZenBusine		(844)	493 6249		
	Registered Office Address (MUST BE F		DDRESS)				
	336 E. College Ave.	Suite 301			_		
	Tallahassee	. FL	3230	1		2022	
					-	E 17	
(b)					^^		
	Enter name of NEW Registered Agent and	or NEW Registered	Office addi	ress:	ن (باری (۱۳۱۳)		
	Karla Yarely Perez				[1] [1]	- ₩ PH 12: 3.	
	NEW Registered Office Address:				- P	၌ ညို	
	512 Lincoln Ave.				••		
				<u>.</u>	_		
	Defuniak Springs	s FL	3243	5-2131			
change agent v was/we the arti Signat I hereh provisithe oblito mere	imited liability company is not organic or changes are made, the Florida strovill be identical. Or, in the case of a lere authorized by an affirmative vote cles of organization or the organization or the organization of a register ons of all statutes relative to the propingations of my position as registered ely reflect a change in the registered of in writing of this change.	eet address of the reflorida limited lial of the members of agreement of the left of a member of a member and agreement and agreement and agreement and complete in the left and complete in the lef	registered bility con f the limit imited lia ————————————————————————————————————	office an openy, it is ed liability con Eus This cape is this cape of my a	d the business office of shereby confirmed the yeompany or as other pany. tolia Francisco Printed or typed name of acity. I further agree duties, and I am famile	of the registered nat the change(s) rewise provided in Toscano f signce to comply with the liar with and accept	
Signatur	re of Phristered Aport						
orgnatu	re of Registered Agent						