121000506511

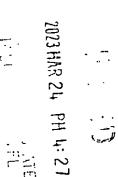
((Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
((Business Entity Name)	
((Document Number)	
Certified Copies	Certificates of 3	Status
Special Instructions	to Filing Officer:	

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J313012023

COVER LETTER

CO	VENLETTER
TO: Registration Section Division of Corporations	
SUBJECT: Spit Shine Pre	mium Detailing L.L.C
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Gilbert Camacho	
Name of Person	·
Firm/Company	
8007 Lesiacir	
Address	
Orlando, FL 32835	
City/State and Zip Code	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	eali:
Name of Person at (_	407) 369 - 2568 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 amoun	it:
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy

INHS18 (2/14)



March 8, 2023

GILBERT CAMADRO 8007 LESIA CIRCLE ORLANDO, FL 32835

SUBJECT: SPIT SHINE PREMIUM DETAILING L.L.C.

Ref. Number: L21000506511

We have received your document for SPIT SHINE PREMIUM DETAILING L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited liability company. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

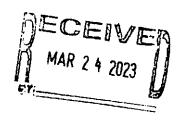
This document was previously filed on February 26, 2023.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 523A00005366



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pussuant 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. No	ame of the limited liability company: Spit Shire Premum Detailing L.L.
	•
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8007 Lesia Cir 8007 Lesia Cir
	Orlando, FL 32835 Orlando, FL 32835
	03/22/22
3.	Date of filing/registration in Florida L21000506511 Document number
5. (a)	ZenhuSineSS Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Tallahassee FL 32301 US
(b)	
(5)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	8007 Lesia cir
	Orlando
change agent was/w	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the cor changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
	ture of a member, or authorized representative of a member Printed or typed name of signee
	y
I here provisi the obt to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.

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

Signature of Registered Ag