122000025647

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
. (Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special Instructions to Filing Officer: J. HORNE J. 2022					

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		,			
SUBJE						
Name of Limited Liability Company						
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to th	e following:			
Victoria	a Padron					
	Name of Person	~-				
ZenBusiness Inc.						
	Firm/Company					
336 E. College Ave. Suite 301						
	Address		- 			
Tall	ahassee, FL 32301					
	City/State and Zip Cod	e				
fulfillm	ent@zenbusiness.com					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Victoria	a Padron	844 at (493-6249			
	Name of Person		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 2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32314		Tallahassee, FL 32303			
Enclosed is a check for the following amount:						
	☐ \$25 Filling Fee	٥	\$55 Filing Fee & Certified Copy			
INHS18	3 (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.

i. N	lame of the limited liability company: FINAL TO	UCH PRES	SURE WASHING LLC
2. (a)	802 GAYLORD AVE S	(b)	802 GAYLORD AVE S
- . (-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	LEHIGH ACRES, FL 33974 UN		LEHIGH ACRES, FL 33974 UN
	01/12/2022		L22000025647
 (a) 	Date of filing/registration in Florida GILLOTTI, DARIO D	4.	Document number
J. (e	Registered Agent and Registered Office shown on the record	Dept. of State:	
	802 GAYLORD AVE S		
	Registered Office Address (MUST BE FLORIDA STRE		
	LEHIGH ACRES	, FL_33974	2022
(b)	ZenBusiness Inc.		2022 HAR SECRED VALUATION
	Enter name of NEW Registered Agent and/or NEW Registered		
	336 E. College Avc.		
	NEW Registered Office Address:		ب مِي
	Suite 301		
	Tallahassee	, FL 32301	
changagent was/vithe au Sign I her provi	limited liability company is not organized under the ge or changes are made, the Florida street address of 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 a Dario D Gillotti nature of a member or authorized representative of a member eby accept the appointment as registered agent and sions of all statutes relative to the proper and completingations of my position as registered agent as proverly reflect a change in the registered office address and in writing of this change.	the registered d liability comers of the limit the limited lia	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. io D Gillotti Printed or typed name of signee or this connective. I further agree to comply with the