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Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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 GY PRO CLEANING SERVICE LLC

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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. N	ame of the limited liability company: GY PRO CLEANI	NG SERVICE L	LC
2. (a)		(b)	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/01/22	L2200	00251591
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ZENBUSINESS INC.		
J. (a)	Registered Agent and Registered Office shown on the records of		
	336 E. COLLEGE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET).	ADDRESS)	
	SUITE 301		
(b)	TALLAHASSEE	32301	
	Northwest Registered Agent LLC		APPRO FILE CARASS
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7901 4th St N		
	NEW Registered Office Address:		——
	STE 300		—————————————————————————————————————
	St. Petersburg . F1.	33702	
the cha agent v was/w	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compar of the limited I limited liabili	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
C:	Mar Green	Nat Smith	Drinted or transferment of course
I here provis the ob- to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ce to act in the performance d for in Chapt hereby confirm	Printed or typed name of signee as capacity. I further agree to comply with the of my duties, and I am familiar with and accept for 605, F.S. Or, if this document is being filed in that the limited liability company has been
<u> </u>	Taylor Newman - Assistant So	ecretary	
Signati	ire of Registered Agent		