Florida Department of State Division of Comporations Electronic Poling ©

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email	Address:	
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LLC REGISTERED AGENT CHANGE PARAMORE'S TOPNOTCH CLEANING SERVICES 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.

Nai	me of the limited liability company:	ore's topnotch	cleaning services LLC
(a) _	, , ,	(b)	
(47 -	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	iny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/07/2022		2000260495
	Date of filing/registration in Florida	4.	Document number
	ZENBUSINESS INC.		
(a)	Registered Agent and Registered Office shown on the rec	cords of the Florida Dept	t. of State:
	336 E. COLLEGE AVE.	•	
	Registered Office Address (MUST BE FLORIDA ST	TREET ADDRESS)	
	SUITE 301		
		22201	
	TALLAHASSEE	, _{FL} 32301	
	Registered Agents Inc.		
(b)	Enter name of NEW Registered Agent and/or NEW Re	egistered Office address	20
	Cinci name of		2022 JUL
	7901 4th St N		
	NEW Registered Office Address:		5
	STE 300		
	St. Petersburg	, _{FL} 33702	7:2
e chi gent v	imited liability company is not organized under ange or changes are made, the Florida street ad- will be identical. Or, in the case of a Florida line are authorized by an affirmative vote of the me icles of organization or the operating agreemen	r the laws of the Sta dress of the registere mited liability compounts	te of Florida, it is hereby confirmed that after ed office and the business office of the register any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in allity company.
Signature of a member or authorized representative of a member			Printed or typed name of signee
here rovis	by accept the appointment as registered agent ions of all statutes relative to the proper and co ligations of my position as registered agent as ely reflect a change in the registered office add	and agree to act in a complete performance provided for in Cha.	nter 605 F.S. Or, if this document is being file