

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240002416743)))



H240002416743ABC/

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-6442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

DEFECTIVED ON THE PROPERTY OF STATES OF THE PARTY STATES OF THE PA

## LLC REGISTERED AGENT CHANGE ALPRESSURE WASHING SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUL 18 2024

## 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.

L Na	ame of the limited liability company: Alpressure wash	ing service	s LLC		
2. (a)	1132 hightower ave s		(b) 1132 hightower ave s		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing addres	os of limited liability company:  Y BE POST OFFICE BOX)	
	lehigh acres, FL 33973	<del></del>	lehigh acres, FL 33973		
	07/05/2022	1	.22000300198		
3.	Date of filing/registration in Florida	4.	Document	number	
5. (a)	LEGALINC CORPORATE SERVICES INC.				
. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of State:		
	476 Riverside Ave.				
	Registered Office Address (MUST RE FLORIDA STREET	ADDRESS			
				<u>ئے</u> ہے۔	
	Jacksonville , F1	32202		FILED AN 3: 46	
(b)	Corporate Creations Network Inc.				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office ado	Lezz:	三 三	
	801 US Highway I			H 3: 46	
	NEW Registered Office Address:			<u> </u>	
	North Palm Beach	33408			
change agent v was/we	imited liability company is not organized under the larger or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the learning registere ability corot from the limited states are the limited states a	State of Florida, it is he I office and the busine npany, it is hereby con ted liability company of	ss office of the registered dirmed that the change(s)	
	Kristen Espinales		en Espinales, Attorney-ir	1-Fact	
Signa	ture of a member or authorized representative of a member		Printed or typ	ped name of signee	
provisi the obi to mer	by accept the appointment as registered agent and agi 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 d in writing of this change.	nertorna	nce of my duties, and I	am lamiliar with and accept	
	Kristen Espinales Kristen Espinales, Special Secretary				

Signature of Registered Agent