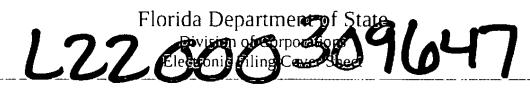
Division of Corporations



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(((H24000229505 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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 ഗ annual report mailings. Enter only one email address please.★★

ፎርEmail Address:_

LLC REGISTERED AGENT CHANGE MINUTE MAIDS HOUSE CLEANING LLC

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K. Brumbley

7/5/2024 07 📭:34 POT 🖛 To. 18506176383 Page: 2/2 Fax: 8134365206

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 hability 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:	Maids House	e Cleaning LLC	<u> </u>
2. (a)	Principal office address of limited liability co		_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/12/22		L2200	0309647
3.	Date of filing/registration in Florida	a	4.	Document number
5. (a)	, UNITED STATES CORPORATION AGENTS, IN	1C.		
.'. 1507	Registered Agent and Registered Office shown on the	records of th	ie Florida Dept. i	of State;
	476 RIVERSIDE AVE.			
	Registered Office Address (MUST BE FLOKIDA	STREET AL	DDRESS)	
	JACKSONVILLE	FL_ ³	32202	APA SECRET
(b)	Registered Agents Inc			
	Enter name of NEW Registered Agent and/or NEW	Registered O	Office address:	
	7901 4th St N			
	NEW Registered Office Address:			<u>2</u>
	STE 300		<u></u>	· ·
	St. Petersburg	. FL_	33702	
the cha agent v was/wa	limited liability company is not organized und ange or changes are made, the Florida street a will be identical. Or, in the case of a Florida l ere authorized by an affirmative vote of the m ticles of organization or the operating agreeme	address of the Timited liab nembers of	the registered of the bility company the limited list	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
n. L	ature of a member or authorized representative of a mem		Robin Jone:	
Signa	ture of a member or authorized representative of a men	ibei		Printed or typed name of signee
provisi the obi to mer	thy accept the appointment as registered agen- tions of all statutes relative to the proper and digations of my position as registered agent a vely reflect a change in the registered office ac id in writing of this change.	It and agree complete p s provided ddress, I he	e to act in thi. verformance of for in Chapte verby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed a that the limited liability company has been
- i	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Assistant Sec	retary	
Signatu	ure of Registered Agent			