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r: ·			
	To:	Division of Cor Fax Number	rporations : (850)617-6383
55: 	From:	Account Number Phone	: REGISTERED AGENTS INC. : I20090000081 : (307)200-2803 : (855)330-1010
1	annual i	mail address for report mailings. ddress:	this business entity to be used for future Enter only one email address please.**
1622 O.	·	<u> </u>	

LLC REGISTERED AGENT CHANGE REFRESHED GUTTER CLEANING LLC

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OCT 17 2022

STATEMENT OF CHANGE, OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $^{\circ}$

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. Na	me of the limited liability company: Refreshe	ed Gut	ter cleai	ning LL	<u>C</u>			
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)					
	2095 shady In		7901 4th St N STE 300					
	geneva florida		St. Petersburg FL 33702					
	10/11/2022		L2200	0439057				
3.	Date of filing/registration in Florida	4.	Doc	cument numb	er			
5. (a) (b)	ZENBUSINESS INC. Registered Agent and Registered Office shown on the records of 336 E. COLLEGE AVE. Registered Office Address (MUST BE FLORIDA STREET SUITE 301 TALLAHASSEE F Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	ADDRESS)	Dept. of State:	2022 OCT			1 1LL b	
	NEW Registered Office Address:					PH	<u>C</u> .	
	STE 300				CAR HUGAIDA			
	St. Petersburg	33702			9.r	2		
the cha agent v was/we the arti	imited liability company is not organized under the launge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the limited of a member or authorized representative of a member	f the regist iability cor of the limi c limited li	ered office and npany, it is he led liability co ability compan Riley P	d the business reby confirme impany or as c ny. Park med or typed na	s office ed that t otherwis me of sign	of the r he char se prov	egistered ngc(s) ided in	
provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change. Bill Havre - Assistance of Registered Agent	e performa ed for in C hereby co	nce of my dutic hapter 605, F., afirm that the i	es, ana t am f S Or. if this	amiliar docume	wun a mis be	na accep ing fileo	