Laa000491216

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(,,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special institutions to riving officer.				
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J. HORIE				
FEB - 5 2024				
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J. HORNE FEB - 5 2024				

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BIVISH A SEE, FLORIDA

RECEIVED

COVER LETTER

Division of Corporations					
SUBJECT: Maids B M Name of Limi	awng UC ted Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to	o the following:				
Eatchyla Ward Name of Person					
Maids B Mowing Firm/Company					
932 E USCEOLA PEWO)				
Kissimmee, FL 34744 City/State and Zip Code					
E-mail address: (to be used for future annual report	notification)				
For further information concerning this matter, please cal	II:				
Celina Elmaleh at (3) Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:					
☐ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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.

		_ (0)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
_	432 E Osceola Pkwy, Kissimmee, FL 34744	_	932 E osceola PRuj
_	Kissimmee, FL 34744		Kissimmee, F1 34744.
	Date of filing/registration in Florida	4.	Document number
(a)	egistered Agent and Registered Office shown on the records of th	. Plusi Is 15 6	
	•		
	Northwerston Registered egistered Office Address (MUST BE FLORIDA STREET AL	Agent	
_	7901 4th Street- N. Su	ute 300	<u>. </u>
_	5+ Petersburg .FL	33702	<u> </u>
			224
(b)	nter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Man address.	——————————————————————————————————————
1211	net name of the w Registered Agent and/of the w Registered C	onice address.	Sg5
	OBG Center		
<u>N</u>	EW Registered Office Address:		9:
	932 E Oscrola Phwy		0. 40
_	,,,,,,		
	Kissimmer, FL	34744	
			
the limi lange or	ited liability company is not organized under the laws changes are made, the Florida street address of the re	of the State of egistered office	Florida, it is hereby confirmed that after the and the business office of the registered
ent will	be identical. Or, in the case of a Florida limited liab	ility company,	it is hereby confirmed that the change(s)
e article	authorized by an affirmative vote of the members of sof organization or the operating agreement of the li	mited liability of	company or as otherwise provided in
	The state of a member of a member	7	Printed or typed name of signee
Signature	of a member or authorized representative of a member		Printed or typed name of signee
hereby (accept the appointment as registered agent and agree	e to act in this c	apacity. I further agree to comply with the
e obliga	s of all statules relative to the proper and complete per tions of my position as registered agent as provided the feflect a change in the registered office address, I he	erjormance oj n for in Chapter (ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed
mereix	feflect a change in the registered office address, I he	reby confirm th	at the limited liability company has been
tified in	ijwri inig oj ri gs c uang e.		
vified in	invitine of this change.		