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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

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

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LLC REGISTERED AGENT CHANGE L.KDIRTAWAYMOBILEDETAILING LLC

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K. Brumble

4/29/2024 07:52:12 PDT • 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 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:	OBILE	DETAILIN	NG LLC	
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)	
2		11/28/2022	-	L220004		
3.		Date of filing/registration in Florida	4.		Document number	
5. (a)	(a)	UNITED STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 476 RIVERSIDE AVE.			2024 7.07 29	
		JACKSONVILLE , FL	32202		Pn 29	
(b)	(b)	REGISTERED AGENTS INC				
	(17)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office :	nddress:	<u> </u>	
		7901 4TH ST N				
		NEW Registered Office Address:				
		STE 300			<u></u>	
		ST. PETERSBURG , FL	33702			
cha age was the	nge nt v s/we arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	registe bility of f the li	red office company, i mited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
<u> </u>	/ _//,m^	function from the following of a member ture of a member or authorized representative of a member	Ro	bin Jones		
I h protection to the	erel visi obl nere ified)%(ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he is mixing of this change. David Roberts The of Registered Agent	ee to a perfori for in ereby	ct in this c mance of n Chapter (confirm th	Printed or typed name of signee papacity. I further agree to comply with the ny duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been	