

Florida Department of State Division of Corporations Electronia filling Gover Sheet

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Division of Corporations

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Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE PRESSURE WASHING LIFESTYLE LLC

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K. SALY

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.

. Na	ime of the limited liability company: Pressure Washing	Lifestyle	LLC	
l. (a)	646 PEACHTREE STREET	(b	646 PEA	ACHTREE STREET
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\-	, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	TITUSVILLE, FL 32780	_	TITUSV	TILLE, FL 32780
	05/02/2024		L2300020	2251
(b) .	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number
	Registered Agent and Registered Office shown on the records of the 476 RIVERSIDE AVE.	he Florida	Dept, of St	
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRESS	7	BRANAY -2 PH 4: 59 TALLAHASSEE FLORID
	JACKSONVILLE, FL_	32202		LAHASSEE FLORI
	Corporate Creations Network Inc.			PR F
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	- 59 - 59
	801 US Highway I			Ž.
	NEW Registered Office Address:			_
	North Palm Beach, FL	33408		
hange gent v /as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	registere bility co f the lim	d office a mpany, it ited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	strella Tavarez	Estr	ella Tavare	z, Attorney-in-Fact
_	ture of a member or authorized representative of a member			Printed or typed name of signee
rovisi ie obl mere	by accept the appointment as registered agent und 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 h I in writing of this change.	ee to act performa I for in C eereby co	in this ca ince of my hapter 60 infirm tha	pacity. I further agree to comply with the paties, and I am familiar with and accept 05, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agony