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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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COVER LETTER

Division of Corporations					
SUBJECT: MyHomeCleaning LLC					
	ne of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	is matter to the following:				
Serenity Pierson					
Name of Person					
MyHomeCleaning LLC					
Firm/Company					
300 SE 2nd st Ste 600					
Address					
Ft Lauderdale Florida 33301					
City/State and Zip Code					
Serenitypierson44@gmail.com					
E-mail address: (to be used for future ann	ual report notification)				
For further information concerning this matter,	please call:				
Serenity Pierson	at (844) 706-5348				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
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.

1. Na	ame of the limited liability company: MyHomeClea	ning	LLC		
2. (a)	1631 Sw 102nd ave		_(b) 1631 Sv	w 102nd ave	
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Pembroke Pines FI, 33025	_	Pembro	ke Pines fl, 33025	
	05/25/23		L2300025	56118	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Serenity Pierson				
J. (C)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Stat	ec:	
	1631 Sw 102nd ave				
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRE	ESS)	_	
	Pembroke pines , FL	3302	25	- - 7 2	
(b)	Registered Agents Inc			FIL 2023 JUN 12 TÄLLAHASSI	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	JUN 12	
	7901 4th St N				
	NEW Registered Office Address:			FLOS D	
	STE 300			AM 9: 04 OF STATE	
	St. Petersburg , FL	3370	2	_	
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie authorized by an affirmative vote of the members of icles of organization or the operating agreement of the work of a member or authorized representative of a member	the reability of the limite	gistered offic company, it i imited liabilit	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany.	
I here provisi the obl to mere natifie	by accept the appointment as registered agent and agree of a member on a subject of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I if in writing of this change. David Roberts - Assistant	perfoi d for i hereby	rmance of my n Chapter 60: v confirm that	pacity. I further garee to comply with the	

Signature of Registered Agent