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COVER LETTER

TO:	Registration Section Division of Corporations		•	
CHDIL	ADL CLEANING SERVICES LLC			
SUBJECT: Name of Limited Liability Company				
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning this	matter to the	following:	
ALEXA	ANDRA SAAVEDRA			
	Name of Person		_	
	Firm/Company		_	
7832 W	VESTMINSTER ABBEY BLVD			
	Address	-	_	
ORLA	NDO. FL 32835			
	City/State and Zip Code			
AREM	IPIREGROUP@GMAIL.COM			
E	-mail address: (to be used for future annu-	d report notif	ication)	
For fur	ther information concerning this matter, p	lease call:		
ALEX	ANDRA SAAVEDRA	407 at (6277622	
	Name of Person	_ at (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 a	mount:		
	■ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy	
INHS18	8 (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.

2. (a)	233 Siesta Vista Ct	(b) 233 Siesta Vista Cı
. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DAVENPORT, FL 33896	DAVENPORT, FL 33896
	08/09/2023	L23000374954
ì.	Date of filing/registration in Florida	4. Document number
. (a)	AR EMPIRE GROUP LLC	
- '	Registered Agent and Registered Office shown on the records of t	·
	7350 FUTURES DR	
	Registered Office Address (MUST BE FLORIDA STREET A STE 14-104	IDDRESS)
	ORLANDO . FL	Office address:
(b)	JANETTE GONZALEZ	سن اسار ابنا
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:
	233 siesta Vista Ct	TO A
	NEW Registered Office Address:	
	Davenport . FL	32819
hang igent vas/w	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia	is of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.
Sur	fure of a member or authorized cure centains of a member	Doe the Comples
-	• • • • • • • • • • • • • • • • • • •	re to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been
	ions of all statutes relative to the proper and complete i	performance of my duties, and I am familiar with and accept