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Certified Copies	Certificates	of Status
		
Special Instructions to	Filing Officer.	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: RUTHLESS MOBILE Name of Limited	DETAILING SERVICES Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the	he following:			
Ruth Esquivel Name of Person				
RUTHLESS MUBILE DETAILTN Firm/Company	G SERVICES			
1701 NW 15th PL Address				
CAPE CORAL, FL 33993 City/State and Zip Code				
Panaginga 27 @ amail E-mail address: (to be used for future annual report no	tification)			
For further information concerning this matter, please call:				
Ruth Esquivel at 1 900 Name of Person	Area Code & Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations			
Taltahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
S25 Filing Fee	5 Filing Fee & Certified Copy			

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. 1	Name of the limited liability company: RUTHK	ESS MI	BILE	DETALLIA	10	SERVICE	ES
2. (a	RUTHLES S MOBILE DETAILING SE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>RVIC</u> ES (b	М	ailing address of limited lia			
	1701 NN 15th PL		1701	NW 15th PL	_		
	CAPECDEAL FL 33993		CAPE	CORAL, FL	. 33	993	
3.	SEPTEMBER 13 12003 Date of filing/registration in Florida	4.		2004263 Document number	44		
5. (8	Registered Agent and Registered Office shown on the records	of the Florida	Dept, of State:		2021, 577 17		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS	<u>ł</u>		J. 1		
	4710 Riverside Ave					*	
	Jacksonville.	FL 328	3 03_		5: 43		
(b	Enter name of NEW Registered Agent and/or NEW Register	ored Office add			ယ		
	1701 NW 15th PL CAPE C NEW Registered Office Address: 1701 NW 15th PL	DEAC,	FL 33"	993			
	CAPE CORAL.	FL <u>33</u>	993				
chang agent was/y the ar Sign	limited liability company is not organized under the ge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited yere authorized by an affirmative vote of the member ticles of organization or the operating agreement of the following of a member or authorized representative of a member teby accept the appointment as registered agent and a sions of all statutes relative to the proper and complete	the registere I liability cours of the limited	d office and mpany, it is lited liability ability comp	the business office of the hereby confirmed that company or as otherwiseany. If Esquire Printed or typed name of significal limither agree to	the regis the char ise prov	stered ngc(s) ided in	
notifi L	sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi rely reflect a change in the registered office address, ad in writing of this change.	ded for in C I hereby co	haptér 605, nfirm that th	F.S. Or, if this docume te limited liability com	ent is be oany ha	ing filéd s been	