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COVER LETTER

TO:

	istration Section ision of Corporations				
SUBJECT:	JEN&FER CLEANING SERVICES	LLC			
SOBJECT.	Name of Limited Liability Company				
Dear Sir or I	Madam:				
The enclose	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please returi	n all correspondence concerning thi	is matter to the f	ollowing:		
JENNIFER A	A BARDALES.				
	Name of Person		_		
JEN&FER C	LEANING SERVICES LLC				
	Firm/Company		_		
5436 NW M	OORHEN TRL APT 204				
••	Address		<u> </u>		
PORT SAIN	T LUCIE, FL 34986				
	City/State and Zip Code				
Jennif E-mail	eBardales927CYa	hso. Com wal report notifi	cation)		
For further i	nformation concerning this matter,	please call:			
JENNIFER I	BAEDALES	772 at (812-5350)		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Div P.O	iling Address: eistration Section ision of Corporations Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	losed is a check for the following	amount:			
(25 Filing Fee	□ \$5	i5 Filing Fee & Certified Copy		
INHS18 (2/1-	4)				

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.

I. Na	ame of the limited liability company: JEN&FER CLEA	ANING SEI	VICES LLC		
2. (a)	5436 NW MOORHEN TRL APT 204	· · ·			
- · (··)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ma	illing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
	PORT SAINT LUCIE, FL 34986		PORT SAIN	T LUCIE, FL 34986	
	02/13/2024		.2400007803	0	
3.	Date of filing/registration in Florida	4.	D	ocument number	
5. (a)	UNITED STATES CORPORATION AGENTS, INC				
J. (u)	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE	the Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>		•	
	JACKSONVILLE FI	32202			
(b)	JENNIFER BARDALES				
	Enter name of <u>NEW Registered Agent</u> und/or <u>NEW Registered</u>	d Office add	ress:		
	5436 NW MOORHEN TRL APT 204				
	NEW Registered Office Address:				
	PORT SAINT LUCIE F	34986 L			
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered lability cor of the limi c limited li	l office and t tpany, it is l ted liability o	the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in any.	
Signa	itro of a member or fittherized representative of a member			Printed or typed name of signee	
provisi the obt to mer	by accept the appointment as registered agent and agions 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 this change	e performa ed for in C	ice of my du apter 605, 1	ties, and I am familiar with and accept F.S. Or, if this document is being filed	