To: 18506176383 Fax: 8134365206 3/14/2024 05:41:52 RDT Page: 1/2

## Florida Department of

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:			

## LLC REGISTERED AGENT CHANGE KALINA'S CLEANING SERVICE LLC

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3/14/2024 05:44:52 RDT, To: 18506176383 Page: 2/2 Fax: 8134365206

## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company. Kalına's cleaning s	ervice LLC					
2. (a)							
-· , , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	02/29/24	L240001	05153				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a	ZENBUSINESS INC.						
<i>D</i> , (41		Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat					
	336 E. COLLEGE AVE.						
	Registered Office Address (MUST BE FLORIDA STREET A	<del></del>					
	SUITE 301						
	TALLAHASSEE FL_	32301	207				
(b)	Registered Acents Inc	2024 HAR 14					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (	Office address:					
	7901 4th St N						
	NEW Registered Office Address:	2;					
	STE 300		ယ တ				
	St. Petersburg FL.	33702					
the ch agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the latter of a member or authorized representative of a member.	the registered of bility company. I the limited fiab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.				
			Printed or typed name of signee				
provis the ob- to me	thy accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided tely reflect a change in the registered office address. I had in writing of this change.  David Roberts - Assistant Se	performance of t I for in Chapter terchy confirm th	capacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been				

Signature of Registered Agent