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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: D. L. B. Cleaning (Name of Limited Lia	SERVICES bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Enjoli A. Benson Name of Person	_
D. L. B. Cleaning Services	_
7780 Amberidige Pd. Address	
PENSOCOLA FL 32534 City/State and Zip Code	-
E-plail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Enjoli A. Benson at (850) Name of Person	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 amount:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

e e ™	
1. Name of the limited liability company: D.L.B. C	leaning Services LLC
2. (a) 7780 Amberiage Rd:	(b) 17780 Amberidge Rd
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
<u> </u>	
₹	
03/27*/2024	L29000149342
Date of filing/registration in Florida	4. Document number
5. (a) Inc Huthority KA	
Registered Agent and Registered Office shown on the records of th	e Florida Dept. of State
Registered Office Address MUST BE FLORIDA STREET AS ORDER OF AVP	Ste 2300-N
Colondo	20001
Carline Carcon	TALLAHASSEE, FLORIO
(b) ENON A. DENSON	- X - 1
Enter name of NEW Registered Agent and/or NEW Registered C	mice address:
7780 Amberidae, Rd	# 8: 12 # 8: 12
NEW Registered Office Address:	
	0 P
ProsacolA	32534
Terribotestit ,FD	<u> </u>
If the limited liability company is not organized under the laws change or changes are made, the Florida street address of the re-	s of the State of Florida, it is hereby confirmed that after the
agent will be identical. Or, in the case of a Florida limited liab	oility company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the li	mited liability company or as otherwise provided in mited liability company.
(mark A Removal)	EDINI A BENSON
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pethe obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he notified in writing of this change.	erformance of my duties, and I am familiar with and accept-
Signature of Registered Agent	