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ALLAHASSEE, FLUI

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CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Alexxis Weiland

Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195 REFERENCE : 342517 156084A AUTHORIZATION \$ (25-00 COST LIMIT : ORDER DATE: December 21, 2021 ORDER TIME : 10:28 AM ORDER NO. : 342517-211 CUSTOMER NO: 156084A CHANGE OF AGENT UNIVERSAL BUILDING NAME: MAINTENANCE, LLC BDA: ALLIED UNIVERSAL JANITORIAL SERVICES, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

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. N	ame of the limited liability company: ALLIED UNIVER	RSAL JA	NITORIA	L SERVICES, LLC	
2. (a)	1551 N. Tuetin Avenue	(1	b) 1551 N	I. Tustin Avenue	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	#650		#650		
	Santa Ana, CA 92705		Santa A	Ana, CA 92705	
	07/24/2019		M190000	007212	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	CT CORPORATION SYSTEM				
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				
	1200 SOUTH PINE ISLAND ROAD			207 SE	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		FILE SECRETALLAR		
	PLANTATION . FL	33324			
				- SSEE STATE	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		—		
	Emer name of NEW Registered Agent and/or NEW Registered	Office ac	idress:	, ra 1 = 	
	Corporation Service Company				
	NEW Registered Office Address:			_	
	1201 Hays Street				
	Tallahassee F1	32301			
change agent was/w the art	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registeroubility confithe limited	ed office a ompany, in nited liabi liability co	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
Sian	iture of a member br authorized representative of a member	JIII '	Cilmi, Aut	horized Person Printed or typed name of signee	
I here provis the ob- to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I led in writing of this change.	ee to act perform I for in C tereby co	in this co ance of m Thapter 6 onfirm the	macity. I further agree to comply with the	
<u>C:</u>	Drace C-Kirby				
Signali	ire of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)

Grace E. Kirby, Asst. Vice President of Corporation Service Company

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