

(Re	questor's Name)			
. (Ad	dress)			
(Ad	dress)	******		
(Cit	ty/State/Zip/Phono	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(Document Number)				
Certified Copies				
Special Instructions to	Filing Officer:			

Office Use Only



500294987015

02/17/17--01804--023 **35.00



FEB 21 2017

R. WHITE

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	BRIAN PURKEY CLEANING SERVICES, INC				
	Name of Corporation				
	P 00000026211				
DOC	UMENT NUMBER:				
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	BRIAN PURKEY				
	Name of Contact Person				
	BRIAN PURKEY CLEANING SERVICES, INC.				
	Firm/Company				
	4052 SW CITRUS BLVD.				
	Address				
PALM CITY, FLORIDA 34990					
City/State and Zip Code					
	BrianPurkeyCleaning@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For fi	orther information concerning this matter, please call:				
Bria	n Purkey 772 336-2224				
	Name of Contact Person at () Area Code & Daytime Telephone N	Number			
Enclo	sed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Street Address: Amendment Section				
	Division of Corporations Division of Corporations				
	P.O. Box 6327 Clifton Building				
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	e			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statu organized under the laws of the State of FLO registered agent, or both, in the State of Floric	RIDA
ın oraei		registerea agent, or both, in the state of ritoria leaning Services, Inc.	и.
1. The name of t	he corporation:		
2. The principal	office address:	Blvd., Palm City, FL 34990	
3. The mailing a	same ddress (if different):		
4. Date of incorp	oration/qualification:	Document number:	5211
	street address of the current regist tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	e
	Brian E. Purkey-Registered	Agent	
	Cheryl Purkey-Officer		
	917 SW Firestone Ave., Pt	St Lucie, FL 34953	
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered office	7
	NEW ADDRESS for both cu	urrent Registered Agent	5 J
	4052 SW Citrus Blvd		
	Palm City, Florida 34990	ox NOT acceptable	37
The street addre	ess of its registered office and the be identical.	street address of the business office of its reg	istered agent,
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of directors or by an office en notified in writing of the change.	er so
Cheu	Blake	Cheryl B. Purkey	
I hereby accept I further agree to performance of	to Comply with the provisions of a my duties and I am familiar with	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as r to reflect a change in the registered office ad ified in writing of this change.	egistered
1		2/13/2017	
- Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Brian E. Purl	кеу		
T	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *