

PO3 000 139 414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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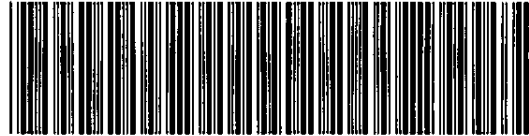
(Business Entity Name)

(Document Number)

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15 APR -6 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 10 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Smiley Cleaning
Name of Corporation

DOCUMENT NUMBER: P03000139414

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Duwanna Smiley
Name of Contact Person

Smiley Cleaning
Firm/Company

18935 madison Ave.
Address

Orlando FL 32820
City/State and Zip Code

duwannaSmiley3121@Att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Duwanna Smiley at (407) 375-4532
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Smiley Cleaning
2. The principal office address: 18935 Madison Ave.
Orlando FL 32820
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Nov 25 2003 Document number: PO3000139414
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Amy Martin Resigned
18633 14th Ave.
Orlando FL 32833

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Duwanna Smiley
18935 Madison Ave
Orlando FL 32820
P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR - 6 AM 10:00

FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Duwanna Smiley
Signature of an officer or director

Duwanna Smiley
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Duwanna Smiley
Signature of Registered Agent

4/2/2015
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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