2005 FOR PROFIT CORPORATION

FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # P04000121792 1. Entity Name SLV'S CLEANING SERVICES, INC.						04-25-2005 90260 002 ***150.00						
				V 100 100 100 100 100 100 100 100 100 10								
Principal Place of Business Mailing Address												•
2298 ARBOUR WAL CIRCLE, #1315 NAPLES, FL 34109		2298 ARBOUR WAL CIRCLE, #1315 NAPLES, FL 34109										
	ace of Business	3. Mailing Address 1280 Oakes blud				المراضية المراضية						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				20045	849					
City & State)	City & State				4. FEI Numb	516581					plied For Applicable
Zip Country		121p	Zie .Count			5. Certificate of Status Desired Status Desired Status Desired				5 Add	Itional	
	6. Name and Address of Current	Registered Agent		A			,				equired	i
		Name	7. Name and Address of New Registered Agent Name									
A1A REGISTERED AGENT INC. 92 SADBERRY RD.				Street Address (P.O. Box Number is Not Acceptable)								
QUINCY,	FL 32351											
: 				City					FL	Z	p Code)
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
		9. Election Campai Trust Fund Cont		cing		00 May Be ed to Fees					•	
10.	OFFICERS AND	DIRECTORS	11.				CHANGES TO	OFFIC	ERS AND	DIRE	СТОР	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARNEY SHELLY L 2298 ARBOUR WAL CIRCLE, NAPLES, FL 34109	□ Delete #1315		ET ADDRESS	P C Hig	uera,	Shelly 4	۷,		122	hange	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON TERRY 2298 ARBOUR WAL CIRCLE, NAPLES, FL 34109	#1315			•						hange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-21P		☐ Delete									hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete									hange	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete									Change	Addition
TITLE NAME STREET ADDRESS CITY+S1-ZIP		☐ Delete	CITY-	ET ADORESS S1-ZIP							hange	Addition
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that r	r the exer my signat	mption stated ure shall hav	d in Se ve the s	ction 119.07(3 same legal effe	i)(i), Florida Statu oct as if made ur	ites. I f nder og	urther ce th; that I	rtify the	at the in officer	formation or director

2. I hereby certify that the information supplied with this fitting does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, thirther certify that it is information indicated on this report on suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or order attachment when address, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF

ME OF SIGNENG OFFICER OR DIRECTOR

239-877-9572

Daytime Phone