

P06000138019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

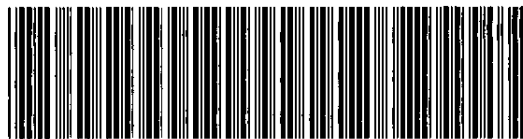
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DISTRICT OF COLUMBIA

RA Change

9/1/10

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: S.C. Cleaning Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P06000138019

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:

Shirley Carson
Name of Contact Person

S.C. Cleaning Services, Inc.
Firm/Company

564 Brecken Ridge Village, #212
Address

Altamonte Springs, FL 32714
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shirley Carson at (407) 733-3314
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**

P ¹ *su* *ant* *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: S.C. Cleaning Services, Inc.
2. The principal office address: 564 Brecken Ridge Village, #212, Altamonte Springs, FL 32714

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/31/2006 Document number: P06000138019

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)

Shirley Carson

4761 S. Texas Ave., Apt. D

Orlando, FL 32839

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

Shirley Carson

564 Brecken Ridge Village, #212

P.O. Box NOT acceptable

Altamonte Springs, FL 32714

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.

Shirley Carson
Signature of an officer or director

Shirley Carson
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.*

Shirley Carson
Signature of Registered Agent

8/5/10
Date

If signing on behalf of an entity:

Shirley Carson
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