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(Reque	estor's Name)	
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(Addre	ss)	
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(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	
(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	





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SECRETARISEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: the Cleaning Factory Inc. (Name of Opporation)		
DOCUMENT NUMBER: 010888844		
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:		
(Name of Contact Person)		
(Firm/Company)		
4155 SW 67 Are Apt 109 B		
Davie, FC 33314 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (954) 608 - 9064 (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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The Cleaning tactory, Inc.
2. The principal office address: 4155 5 W 6 TAPE Apt 109B
Davie 7L 33314
3. The mailing address (if different): 15841 Pines Blud # 171
Pembroke Pines 71 33027
4. Date of incorporation/qualification: March 5 107 Document number: 010888844
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: CARDS ALDAN
15841 Pines Blyd #171
Pembroke lines IL 33007 =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
4155 SW 67 Are Apt 1098 Sim
Uavie, FL 33314 (P.O. Box NOT acceptable)
(r.o. box 1101 acceptable)
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.
Carlos Alban, President.
(Signature of an officer or director) (Printed or typed name and fitte)
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.
The state of the s
(Signature of Registered Agent) Way 29 / 2008.
If signing on behalf of an entity:
the Cleaning tactory The. (Typed or Printed Name)

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

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