## P08000041872

(Re	questor's Name)					
(Ad	dress)	·				
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Name	e)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
		·				
		· ` `				
-	<del> </del>					

Office Use Only



500136193875

09/29/08--01034--002 \*\*70.00

08 SEP 29 AH 9: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

QCT 0.6.2008...

## **COVER LETTER**

TO: Amendment Section Division of Corporations								
SUBJECT: PSM CLEAHING INC (Name of Corporation)								
(Name of Corporation)								
DOCUMENT NUMBER: P080000 41872								
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:								
Ana Cisnero - BLANCO (Name of Contact Person)								
(Name of Contact Person)								
PSM CVEAHING Inc (Firm/Company)								
(Firm/Company)								
10625 Sw 79 PL (Address)								
(Address)								
Meni, FL 33150								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
And Cisnero at (305) 773-1603  (Name of Contact Person) (Area Code & Daytime Telephone Number)								
(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  Tallabassee, 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 prostatement of change	ge is submitted for	a corporat	ion organiz	ed under	the laws of	the State of _	FLORE		<del></del>
	o change its regis		_	_		the State of I	ioriaa.		
1. The name of the	corporation:	10/07 5	<u> </u>	50	OLGO?	<del> </del>			
1. The name of the 2. The principal of	fice address:	10021	2210	74	Plate	··· · · · · · · · · · · · · · · · · ·		<del></del>	
······································	1 114111		Samf						
3. The mailing add	lress (if different)		Same		·	<del></del>	·		<u></u>
4. Date of incorpor	ration/qualificatio	n: 04/	25/08	Doc	ument num	ber: <u></u> <b>P08</b>	00004	187	<u>2</u>
5. The name and st Florida Departm	nent of State:	_			_				
_	Proti	essig vi	il Ser	vices	Mana	egemen	f Inc.	1	
	J	T790	HW -	f sr	•	J			
-		Plan	11, F	८ ३	3120	î gemen	SEC!	80	
6. The name and s (if changed):	treet address of th	1042	tered agent na Cis J Sw	79	PLau	,	RETARY OF STA AHASSEE, FLOR	SEP 29 AM 9: 2	
_		(P.O. Box NO	T acceptable)				TE NA	7	
The street address as changed will be	s of its registered e identical.	office and	the street a	ddress o	f the busine	ess office of i	ts register	red ag	ent,
Such change was authorized by the	authorized by re- board, or the cor	solution du poration ha	y adopted s been noti	by its bo	ard of dire vriting of th	ctors or by an ne change.	n officer s	o	
(Signature	of an officer or directo	<del>r)</del>		-	(Printed o	or typed name and	(title)	<del></del>	<del></del>
I hereby accept th I further agree to of my duties, and document is being corporation has b	ne appointment a comply with the I am familiar wit g filed merely to r een notified in w	s registered provisions in and acce reflect a chi riting of the	agent and of all status of the oblig ange in the is change.	agree to tes relati ation of register	o act in this ve to the pi my position ed office ac	capacity. roper and con n as register ldress, I here	mplete per ed agent. eby confiri	rforme Or, if m that	ance this the
A	watchle	auco			09-2	F-08			
(Signa	nture of Registered Age	nt)	<del></del>		· · · · · · · · · · · · · · · · · · ·	(Date)			A100-11-
If signing on beha	alf of an entity:	Blance	2		,				
- CTur	ned or Printed Name)	· · · · · ·	<del></del>						

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