P09000043209

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
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COVER LETTER

TO:

Amendment Section Division of Corporations

| SUBJECT: JLW CLEANING ENTERPRISE Name of Corporation | E, INC | |
|--|---|--|
| 00000042200 | | |
| DOCUMENT NUMBER: 09000043209 | | |
| The enclosed Statement of Change of Registered O | ffice/Agent and fee are submitted for filing. | |
| Please return all correspondence concerning this m | atter to the following: | |
| WILLIAM MARULANDA | | |
| Name of Contact Person | | |
| JLW CLEANING ENTERPRISE, INC | | |
| Firm/Company | | |
| 93 S. POWERLINE ROAD | | |
| Address | ************************************** | |
| POMPANO BEACH FLORIDA 33069 | | |
| City/State and Zip Code | | |
| JLWCLEANING@OUTI | LOOK.COM | |
| E-mail address: (to be used for future annual re | port notification) | |
| | | |
| For further information concerning this matter, plea | ase call: | |
| WILLIAM MARULANDA | at (786) 277-6021 Area Code & Daytime Telephone Number | |
| Name of Contact Person | Area Code & Daytime Telephone Number | |
| Enclosed is a \$35.00 check made payable to the De | epartment of State. | |
| Mailing Address: Amendment Section | Street Address: | |
| | Amendment Section | |
| Division of Corporations | Division of Corporations The Control of Tellahouses | |
| P.O. Box 6327 | The Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Stating is submitted for a corporation organized under the laws of the State of Flower to change its registered office or registered agent, or both, in the State of Flower to change its registered office or registered agent, or both, in the State of Flower to change its registered office or registered agent, or both, in the State of Flower to change its registered of the cha | ORIDA | | |
|--|--|-----------------------------|---------------------------------|----------------|
| 1. The name of | the corporation: JLW CLEANING ENTERPRISE, INC | | | |
| 2. The principal | office address: 43 S. POWERLINE ROAD, POMPANO BEACH, FLORIDA 3300 | 59 | | _ |
| 3. The mailing a | address (if different): POBOX 814625 HOLLYWOOD, FL 33081 | | | _ |
| 4. Date of incorporation/qualification: 05/13/2009 Document number: 209000043209 | | | | |
| | d street address of the current registered agent and registered office on file with riment of State: (If resigned, enter resigned) | the | | |
| | LEILA MARULANDA | | | |
| | 531 S. RAINBOW DRIVE | | | |
| | HOLLYWOOD, FL 33021 | | | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | : | | |
| | WILLIAM MARULANDA | | 1 | |
| | 43 S. POWERLINE ROAD | | | |
| | P.O. Box NOT acceptable | | · . | , Er. |
| | POMPANO BEACH, FL 33069 | : i. | 29 | ¥ |
| The street address changed will | ess of its registered office and the street address of the business office of its related by identical. As authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change. | egister | ed ऋ n | i. g |
| Such change was authorized by | shuthorized by resolution duly adopted by its board of directors or by an off board, or the corporation has been notified in writing of the change. | rider sc | : 02 | , |
| | LEILA MARULANDA, PRESIDENT | riprin | CIPAL | |
| I hereby accept I further agree of my duties, an document is bei | the of an officer of director the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered a ing filed merely to reflect a change in the registered office address, I hereby to sheen notified in writing of this change. | ete per gent. confirn | forman Or if th n that th | ce us ie |
| P m Q | Damlande Nov 21 2021 phature of Registered Agent Date | | | - |
| | chalf of an entity: | | | |
| Т | Typed or Printed Name | | | |

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