P15000093308

(Requestor's Name)	· · · · ·	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of St	atus	
Special Instructions to Filing Officer:		





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COVER LETTER

TO: Amendment Section Division of Corporations

_{subject:} Cleanwrx, Inc,

Name of Corporation

DOCUMENT NUMBER: P15000092308

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:

Patrice Bushman

Name of Contact Person

Cleanwrx, Inc.

Firm/Company

3564 Magellan Circle, Suite 213

Address

Aventura, FL 33180

City/State and Zip Code

patricebushman@yahoo.com

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

For further information concerning this matter, please call:

Patrice Bushman

_.305 \

794-5559

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of <mark>Florida</mark> registered agent, or both, in the State of Florida.
1. The name of	the corporation: Cleanwrx, Inc	D
2. The principa	l office address: 3564 Magella	in Circle, Suite 213, Aventura FL 33180
3. The mailing	address (if different):	
4. Date of incor	rporation/qualification: 11/10/1	5
	d street address of the current regis urtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	Corporation Services Co	ompany 💢 🕹 🛫
	1201 Hays Street	To ()
	Tallahassee, FL 30301	් : :: ::::::::::::::::::::::::::::::::
6. The name an (if changed):		ed agent (if changed) and /or registered office
	Patrice Bushman	
	3564 Magellan Circle, S	uite 213
	Aventura, FL 33180	Box NOT acceptable
The street addr as changed will	ess of its registered office and the l be identical.	street address of the business office of its registered agent,
Such change w authorized by t	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
101	ure of an officer or director	Patrice Bushman, President
I hereby accept I further agree performance of agent. Or, if th	t the appointment as registered ag to comply with the provisions of a f my duties, and I am familiar with	Printed or typed name and title ent and agree to act in this capacity. ill statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.
L'E	Test	11/19/15
	gnature of Registered Agent	Date
- •	ehalf of an entity:	
Patrice Bus	Shman Typed or Printed Name	
	v,	

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

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