## P160000 87759

(Re	equestor's Name)	
(Ad	ldress)	
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## **COVER LETTER**

Division of Corporations		
SUBJECT: ROYAL MAID CLEANING, INC Name of Corporation		
DOCUMENT NUMBER: P16000087759		
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:		
SHPETIM TAHIEI		
Name of Contact Person		
Rayal Maid Cleaning ilvc Firm/Company		
3955 NW 89 AVE Address		
CORAL Springs Fr. 33065 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
LULIEta Bytya; at (954, 240-6186  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.		

**Division of Corporations** P.O. Box 6327

Mailing Address: Amendment Section

Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

## 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 FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: LOYAL MAID CLEANING, INC
2. The principal office address: 3955 NW 89 AVE CORAL Springs R 33065
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/26/20/6 Document number: P160000877-59
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)
SAPETIM TAHIRI
3955 NW 89 AVE
COEAE Springs FL 33065
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
9900 West Sample Koad
9900 West Sample Road Suite 300 Coppl Springs FL 33065 P.O. Box NOT 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.
Steffaters of Figure 2 Printed or types in the sand 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 proter 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.
Stychn Cain P 2/24/247
If signing on behalf of an entity:
Typed or Printed Name

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

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