

P17000028197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

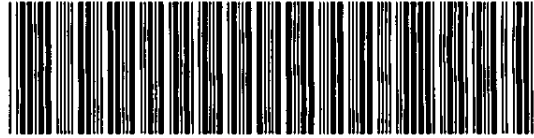
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 23 P 3:34

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JUN 28 2017

T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **CLEANTILE PRO INC**

Name of Corporation

DOCUMENT NUMBER: **P17000028197**

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:

JOZSEF SZIVOS

Name of Contact Person

Firm/Company

125 S. STATE ROAD 7 SUITE 104-#290

Address

WELLINGTON, FL 33414

City/State and Zip Code

mcbhaccounting@yahoo.com

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

For further information concerning this matter, please call:

Bibiana Hodgetts

Name of Contact Person

at **954 825-6360**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2017

JOZSEF SZIVOS
125 S S.R. 7 STE 104-290
WELLINGTON, FL 33414

SUBJECT: CLEANTILE PRO INC
Ref. Number: P17000028197

We have received your document for CLEANTILE PRO INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have a officer or director sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 417A00010034

**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: CLEANTILE PRO INC
2. The principal office address: 125 S. STATE ROAD 7, SUITE 104- #290
WELLINGTON, FL 33414
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/27/2017 Document number: P17000028197
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)

JOZSEF SZIVOS

4705 CYPRESS STREET

COCONUT CREEK, FL 33414

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOZSEF SZIVOS

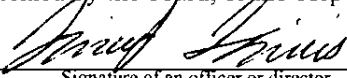
125 S. STATE ROAD 7, SUITE 104-#290

P.O. Box NOT acceptable

WELLINGTON, FL 33414

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.



Signature of an officer or director

JOZSEF SZIVOS

Printed or typed name and 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 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.

04/29/2017

Signature of Registered Agent

Date

If signing on behalf of an entity:

President

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)