P19000 047532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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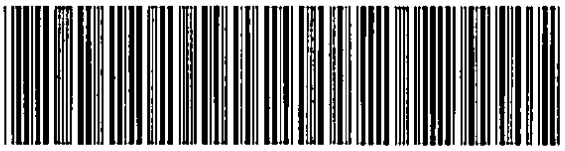

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2019 SEP 13 PM 2:05

TALLAHASSEE, FL

SEP 17 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: B-C Cleaning Service Inc.
Name of Corporation

DOCUMENT NUMBER: p17000047532

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:

Rachelle Weiss
Name of Contact Person

B-C cleaning serivce Inc
Firm Company

280 se crosspoint dr.
Address

Port St. Lucie, Fl. 34983
City, State and Zip Code

rachelle_weiss@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachelle Weiss at (772) 4083183
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

CR2E055 (01/12)

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: B C Cleaning Service Inc.
2. The principal office address: 280 se crosspoint dr Port st lucie, fl 34983
3. The mailing address (if different):
4. Date of incorporation qualification: 05/30/2017 Document number: p17000047532
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)

   Kay McPherson

   161 se crosspoint dr

   port st ucie. fl. 34983

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

   Rachelle Weiss

   280 se crosspoint dr

   P.O. Box NOT accepted.

   port st ucie. fl. 34983

2019 SEP 13 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Kay McPherson
Signature of an officer or director

Kay McPherson
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.

Signature of Registered Agent

9-11-19
Date
Rachelle Weiss

If signing on behalf of an entity

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)