P1700069840

(Re	questor's Name)	
(Ad	dress)	
(64)	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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SECRETARY OF STATE
TALLAHASSEE EI DONA

COVER LETTER

LEONARDO CLEANING SERVICES INC SUBJECT:____ Name of Corporation P17000069840 DOCUMENT NUMBER: 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: LEONARDO I JERONIMO Name of Contact Person Firm/Company 4589 HIBISCUS ST Address WEST PALM BEACH, FLORIDA 33417 City/State and Zip Code VITAUM85@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>561</u>) <u>305 - 2697</u> Area Code & Daytime Telephone Number LEONARDO I JERONIMO Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

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

statement of chang	ge is submitted fo	r a corporation	organized	17.1508, or 617.1508, F under the laws of the St agent, or both, in the St	ate of FLORIDA		
1. The name of the	. The name of the corporation: LEONARDO CLEANING SERVICES INC						
2. The principal of	The principal office address: 4589 HIBISCUS STREET, WEST PALM BEACH, FL 33417						
3. The mailing add	dress (if different):					
4. Date of incorpo	ration/qualification	on: 08/21/2	2017	Document number:	P17000069840		
	street address of the nent of State: (If r			and registered office or	i file with the		
_	LEON	ARDO J GAR	CIA				
_	4589 HIBISCUS STREET						
_	WEST	PALM BEACH	H. FL 33417		— SE F		
6. The name and s (if changed):	street address of the	he new register	ed agent (if	changed) and /or regist	ered offices P		
-	LEON	IARDO I JERO	ONIMO		<u> </u>		
	4589	HIBISCUS ST			21		
	WEST	P.O. E PALM BEAC	Box NOT accep		•		
The street address as changed will b					ce of its registered agent,		
Such change was authorized by the	authorized by res board, or the cor	solution duly a poration has b	dopted by i	ts board of directors or I in writing of the chan	by an officer so ge.		
Y Suuce LEONARDO I JERONIMO				•			
I hereby accept the I further agree to performance of magent. Or, if this	comply with the ny duties, and I ai document is bein	s registered ag provisions of a n familiar with ng filed merelv	all statutes i and accep to reflect a	Printed or typed name to act in this capacite to the proper at the obligation of my purchange in the registere ting of this change.	ity. nd complete position as registered		
Suile				09/21/20	17		
Signa	ture of Registered Agen	it		Date			
If signing on beha	alf of an entity:						
Тур	ed or Printed Name						

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