## P180000 15967

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## **COVER LETTER**

Division of Corporations PEACHY CLEAN HOMES CLEANING SERVICE, INC Name of Corporation 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: **BRANDY R ALONSO** Name of Contact Person TIGER TAX & ACCOUNTING SERVICES, INC Firm/Company 11759 96TH PL Address SEMINOLE, FL 33772 City/State and Zip Code TAXMAN6732@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BRANDY R ALONSO Name of Contact Person

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

TO:

Amendment Section

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

		zed under the laws of the State of FLORIDA
		red agent, or both, in the State of Florida.
1. The name of the co	orporation: PEACHY CLEAN	HOMES CLEANING SERVICE, INC
2. The principal offic	e address: 1894 MICHIGAN A	AVE NE
	BURG, FL 33703	
3. The mailing address	ss (if different):	
4. Date of incorporati	on/qualification: 02/15/2018	Document number: P18000015967
	et address of the current registered ag t of State: (If resigned, enter resigned	gent and registered office on file with the d)
RE	GISTERED AGENTS INC	). =s =
303	3030 N ROCKY POINT DR STE 150A	
TA	MPA, FL 33607	FILED Allasse, F
(if changed):		
TIC	SER TAX & ACCOUNTIN	G SERVICES, INC
117	759 96TH PL	
SE	MINOLE, FL 33772	acceptable
The street address of as changed will be in	its registered office and the street a	address of the business office of its registered agent,
authorized by the bo	ard, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
Signature of an	Elmondson difficer or director	TIFFANY EDMONDSON DIR Printed or typed name and title
I hereby accept the a	helpintment as registered agent and	agree to act in this capacity, tes relative to the proper and complete scept the obligation of my position as registered ct a change in the registered office address, f writing of this change.
200		2/28/2019
•	of Registered Agent	Date
If signing on behalf	•	
BRANDY R AL	ONSO Printed Name	
. / - / - / - / - / - / - / - / - / - /		

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

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