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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation
P18000018802

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:

TANIA W MONCADA CHACON

Name of Contact Person

MONCADA CLAENING SERVICES INC

Firm/Company

845 NW 29 ST AP-1

Address

MIAMI FL-33127

City/State and Zip Code

taniamoncada1@hotmail.com

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

For further information concerning this matter, please call:

TANIA W MONCADA

,786 7121308

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

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State ofFLORIDA registered agent, or both, in the State of Florida.	
	• • •	CLEANING SERVICES INC	
2. The principal	office address: 845 NW 29TH	ST AP-1 MIAMI FL-33127	
3. The mailing a	ddress (if different): SAME		
4. Date of incorp	poration/qualification: 02/24/20	Document number: P18000018802	
5. The name and		tered agent and registered office on file with the	
	TANIA WAŁESKA		
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	
	TANIA W MONCADA C	HACON	T
		· 25 h	177
	P.O. B	ox NOT acceptable	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent	,
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
	Moncada	TANIA W MONCADA PRESIDENT	•
Signatu	re of an officer or director	Printed or typed name and title	
I hereby accept I further agree i performance of agent. Or, if the hereby confirm	the appointment as registered ago to comply with the provisions of a my duties, and I am familiar with is document is being filed merely t that the corporation has been not	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.	
Tania	Moncada	03/01/2018	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
т	yped or Printed Name		
	* * * FILIN	IG FEE: \$35.00 * * *	

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