

P180000 88950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

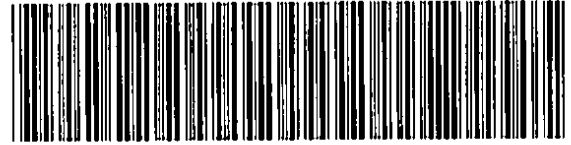
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



100338938831

03/16/20--01003--004 **10.00

01/09/20--01098--021 **25.00

FILED
CLERK OF STATE
CORPORATIONS
20 MAR 10 PM 5:44

RA Change

MAR 11 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: maio Fresh Cleaning Inc.
Name of Corporation

2020 MAR 10 11:54

DOCUMENT NUMBER: P18000088950

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:

Adela BRAVO

Name of Contact Person

maio Fresh Cleaning Inc.

Firm/Company

1490 SW 7th pl.

Address

NORTH LAUDERDALE, FL 33068

City/State and Zip Code

maiofreshcleaning1@gmail

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

For further information concerning this matter, please call:

Adela BRAVO

Name of Contact Person

at (305) 900.8903

Area Code & Daytime Telephone Number

20 MAR 10 PM 5:11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

February 10, 2020

ADELA BRAVO
MAID FRESH CLEANING, INC.
6490 SW 7TH PL
NORTH LAUDERDALE, FL 33068

SUBJECT: MAID FRESH CLEANING INC.
Ref. Number: P18000088950

We have received your document for MAID FRESH CLEANING INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Corporation. Please complete and return the enclosed blank form(s).

We will need an additional \$10.00 to be able to file this corporate registered agent change.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 120A00002975

**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: MAIO FRESH CLEANING INC.
2. The principal office address: 6490 SW 7th Pl.
NORTH LAUDERDALE, FL 33068
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/17/18 Document number: P18000088950
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)
CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD. # 221E
PALE BEACH GARDENS, FL 33410
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Adela BRAVO
6490 SW 7th Pl
NORTH LAUDERDALE FL. 33068

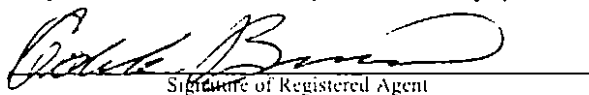
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

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

Adela BRAVO
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

2/24/20
Date

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 (04/13)

FILED
20 MAR 10 PM 5: 02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA