## P19 0000 75441

(Request	or's Name)
(Address)	
(Address	)
(City/Stat	e/Zip/Phone #)
PICK-UP	] WAIT MAIL
(Busines	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:





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05/01/20--01012--003 \*\*35.00



OM 5/18/70

## **COVER LETTER**

TO: Amendment/Section Division of Corporations
SUBJECT: Sweep You Off Your Feet Cleaning Corp Name of Corporation
DOCUMENT NUMBER: P 19 0000 75441
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:
Name of Contact Person  Sweep you off your feet cleaning corp  Firm/Company  1108 Truman Ave  Address  Lehigh Acres FL 33972  City/State and Zip Code  Sweep you off your feet cleaning cody gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Flan(156 Maldondo JR at (234) 247 - 8337   Name of Contact Person   Area Code & Daytime Telephone Number
Name of Contact Letson Area code & Buytine 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of change is submitted for a corporation in order to change its registered office of							-
1. The name of the corporation:	Vou off pour	feet (1	curing	(019			
1. The name of the corporation: Sweep  2. The principal office address: 1108 7	ruman Ave	behigh	Acter	FL 3.	3977		<del></del>
3. The mailing address (if different):							<del></del>
4. Date of incorporation/qualification: 4 a	)4-/4 Do	ocument n	umber: _	119	0000	75441	
5. The name and street address of the current reg Florida Department of State: (If resigned, ento		l registered	d office o	on file w	ith the		
One Stop Muthos	ervice office	UC			_		
1237 Homestend	RD N					2020	31.4
1237 Homestead Lehigh Aues ,FL	33976		-	_	_	2020 HAY -	
6. The name and street address of the new regist (if changed):						I AM 10:	1000 1000 1000 1000 1000 1000 1000 100
_ Francisco Muldong	do 3K		_	_	_	=	
1108 Truman Ave							
Francisco Muldong 1108 Truman Ave Lehigh Acres fo	P.O. Box NOT acc	eptable			_		
The street address of its registered office and t as changed will be identical.						tered age	nt,
Such change was authorized by resolution duly authorized by the board, or the corporation has	y adopted by its is been notified in	board of d writing o	irectors of the cha	or by an	office	r so	
Signature of an officer or director	Fr	Musco /	Myldon	abo JA	? - pr	esident 1	lowner
I hereby accept the appointment as registered I further agree to comply with the provisions of my duties, and I am familiar with and accept document is being filed merely to reflect a chacorporation has been notified in writing of this	agent and agree of all statutes relo of the obligation inge in the regist s change.	to act in to ative to the of my posi ered office	this capa e proper ition as i 2 addres	icity. cand corregistere s, I here	mplete ped agen by conj	performa t. Or, if firm that	nce this the
Signature of Registered Agent			4-23	-20			
Signature of Registered Agent			Dat	e			_
If signing on behalf of an entity:							
Typed or Printed Name							
* * * FII	LING 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)