

P20000001030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

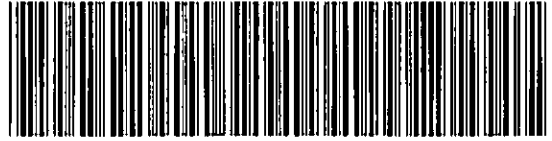
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Asset Cleaning Solutions Corp
Name of Corporation

DOCUMENT NUMBER: P20000001030

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.

Hallie Veres
Name of Contact Person

Professional Asset Cleaning Solutions Corp
Firm/Company

2604 West Crest Ave
Address

Tampa, Florida 33614
City/State and Zip Code

DaughertyB162@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Daugherty at (813) 778-9089
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Professional Asset Cleaning Solutions Corp
2. The principal office address: 528 Spring Haven Loop
Spring Hill, FL 34608
3. The mailing address (if different): 536 Spring Haven Loop Spring Hill, FL 34608
4. Date of incorporation/qualification: 01-01-2020 Document number: P20000001030
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)

Hallie Veres
528 Spring Haven Loop
Spring Hill, FL 34608

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Benjamin Daugherty
536 Spring Haven Loop
Spring Hill, FL 34608
P.O. Box NOT acceptable

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.

Hallie Veres
Signature of an officer or director

Hallie Veres (President)
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.

Ben Daugherty
Signature of Registered Agent

01-01-2021
Date

If signing on behalf of an entity:

Typed or Printed Name

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