## 54984

(Re	equestor's Name)	- · · · · · · - · · · · · · · · · ·		
(Ac	ddress)			
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(Ci	ty/State/Zip/Phone	e #)		
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SECRETARY OF STATE DIVISION OF COMPARATIONS

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Professional Window Cleaning Service (Name of Corporation)	vice, Inc.			
(Name of Corporation	) i			
DOCUMENT NUMBER: S14984				
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing			
Please return all correspondence concerning this matter to the fo	· ·			
r rease return an correspondence concerning this matter to the it	onewing:			
Melanie Nasi (Name of Contact Pen	<u>n</u>			
(Name of Contact Fer	5011)			
<b>-</b>				
Professional Window Cleaning Service, Inc. (Firm/Company)				
(Firm/Company)				
P.O.Box 401 (Address)	<u>4</u>			
(Address)				
Tallahassee, Florid (City/State and Zip Co	da 32315			
•	ode)			
For further information concerning this matter, please call:				
Carl Nach	950 \ 221 2247			
Carl Nash at ( (Name of Contact Person) (A	850 ) 321-3247 rea Code & Daytime Telephone Number)			
·	• • • • • • • • • • • • • • • • • • • •			
Enclosed is a \$35.00 check made payable to the Department of	State.			
Mailing Address:	Street Address:			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

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

statement of cha	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, torganized under the laws of the State of Florida egistered agent, or both, in the State of Florida.	this
1. The name of	the corporation: Professional Wi	indow Cleaning Service. Inc.	
	office address: 1630 - C Old Ba	_	
3. The mailing a	address (if different): P.O. Box 40	14 Tallahassee, Florida 32305	
4. Date of incor	poration/qualification: 11/28/1990	0 Document number: S14984	
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file with the signed)	
	Carl Nash 1630 - C Old Bain	nbridge Road	
	Tallahassee, Florida 32315		
			<b>Q</b>
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	SECRETARY OF STATEM NISION OF SOME OF STATEM
	Melanie Nash		7
	1630-C Old Bainbridge Road (P.O. Box NOT acce	d mahla)	PH STA
	Tallahassee, Florida 32315	paores	2: O 3
The street addre	ess of its registered office and the st	treet address of the business office of its register	red agent,
Such change wanthorized by the	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an officer sen notified in writing of the change.	60
Car (Signati	ure of an officer or director)	CARL NASH PRI	Sidient
I hereby accept I further agree of my duties, ar document is be corporation has	the appointment as registered ager to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and complete pe e obligation of my position as registered agent. in the registered office address, I hereby confir ange.	rformance Or, if this m that the
-Melan	gnature of Registered Agent)	11/06/2008_ (Date)	
If signing on be	ehalf of an entity:		
MelAni	e Nash Typed or Printed Name)		

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