

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:			
	Division of Co		
	Fax Number	(850)617-6380	·-
From:		HADVADD THE THE SERVICES THE	. 147
		: HARVARD BUSINESS SERVICES, INC. - : 1200800000045	•
	Phone	: (302)645-7400	
	Fax Number		

REGISTERED AGENT CHANGE CLE MANAGEMENT INC

Certificate of Status	0
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Corporate Filing Menu

Help 533 7/19/25

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

Pursuant to the provisions of sections 607.0502, 6	517.0502, 607.1508, or 617.1508, Florida Statutes, this?
	n organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1. The name of the corporation: CLE Management	
2. The principal office address: 3734 131ST AVE,	N UNIT 12
	·
3. The mailing address (if different):	<u></u>
4. Date of incorporation/qualification: 08/15/201	6 Document number: P16000069294
5. The name and street address of the current reginerated Department of State: (If resigned, enter	istered agent and registered office on file with the
FLEMING, JAMES P	
3734 131ST AVE, N UNIT 12	
CLEARWATER, FL 33762	
6. The name and street address of the new register (if changed): Registered Agents Inc.	ered agent (if changed) and /or registered office
7901 4th Street N, Ste 300	
	P.O. Box NOT acceptable
Pinellas, FL 33702	
The street address of its registered office and that as changed will be identical.	he street address of the business office of its registered agent,
Such change was authorized by resolution duly authorized by the board, or the corporation has	y adopted by its board of directors or by an officer so speed notified in writing of the change.
Vinat throw	Vincent Thomas
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 cha corporation has been notified in writing of this	Printed or typed name and title agent and agree to act in this capacity, of all statutes relative to the proper and complete performance of the obligation of my position as registered agent. Or, if this tage in the registered office address, I hereby confirm that the s change.
Jana Joseph Sant	09/15/2025
Signature of Registered Agent	
If signing on behalf of an entity:	
David Roberts Typed or Printed Name	_
**	LING FEE: \$35.00 * * *

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)