I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec		
above, or on an attachment with all other like empowered.		
SIGNATURE RENATO GRANZOTTO	PRESIDENT	08/03/2023

SIGNATURE: RENATO GRANZOTTO

I

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N1500008921

Entity Name: CLOUDBASE THERAPY, INC.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

8123 PELICAN REED CIRCLE WESLEY CHAPEL. FL 33545

## **Current Mailing Address:**

8123 PELICAN REED CIRCLE WESLEY CHAPEL. FL 33545 US

## FEI Number: 47-5261187

## Name and Address of Current Registered Agent:

GRANZOTTO, RENATO 8123 PELICAN REED CIRCLE WESLEY CHAPEL, FL 33545 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: RENATO GRANZOTTO			08/03/2023	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	V		
Name	GRANZOTTO, RENATO	Name	GIVENS, BERKLEY		
Address	8123 PELICAN REED CIRCLE	Address	8123 PELICAN REED CIRCLE		
City-State-Zip:	WESLEY CHAPEL FL 33545	City-State-Zip:	WESLEY CHAPEL FL 33545		
Title	S	Title	т		
Name	GRANZOTI, OXANA	Name	GRANZOTTO, RENATO		
Address	8123 PELICAN REED CIRCLE	Address	8123 PELICAN REED CIRCLE		
City-State-Zip:	WESLEY CHAPEL FL 33545	City-State-Zip:	WESLEY CHAPEL FL 33545		

FILED Aug 03, 2023 Secretary of State 8039833566CC

Certificate of Status Desired: No

Date