

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

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From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number: 110432003053

Phone

: (561)694-8107

Fax Number

: (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE KLEO INC.

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Corporate Filing Menu

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~ Le/3/2022

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

→ 18506176380

statement of cha	nge is submitted for a corporation org	1302, 607.1308, or 617.1308, Florida Statutes, this ganized under the laws of the State of Delaware ristered agent, or both, in the State of Florida.
I The name of	the corporation: KLEO INC.	
		Suite 409 Hollywood, FL 33024
3. The mailing a	ddress (if different):	
4. Date of incor	poration/qualification: 11/01/2010	Document number: F10000004832
	I street address of the current registere tment of State: (If resigned, enter resi	d agent and registered office on file with the gned)
	ROSENBERG, JAMES	20
	6100 Hollywood Blvd suite 409	2022 JUN -2 SECCIONAL S
	Hollywood, FL 33024	7
6. The name and (if changed):	I street address of the new registered a	gent (if changed) and /or registered office
	Corporate Creations Network Inc.	
	801 US Highway 1	
	P.O.	Box NOT acceptable
	North Palm Beach, FL 33408	
The street address changed will	ess of its registered office and the strabe identical.	eet address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adoption board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.
Lambeller	l	ROSENBERG, JAMES, CEO, By: Lauren Underwood, Attorney-in-Fact
•	re of an otheer or director	Printed or typed name and (atte
I further agree i of my duties, an document is bei	d I am familiar with and accept the c	tatutes relative to the proper and complete performance bbligation of my position as registered agent. Or, if this the registered office address. I hereby confirm that the
Law When		06/02/2022
	nature of Registered Agent	Date
If signing on be	half of an entity:	
Lauren Underwo	od, Special Secretary	
T	ped or Printed Name	

* * * 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)