

Division of Corporations

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L000000007928**Florida Department of State**

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

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DIVISION OF CORPORATIONS

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TALLAHASSEE FLORIDA

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5-7928

REGISTERED AGENT CHANGE**CLOVERLEAF CAPITAL INTERNATIONAL I, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: CLOVERLEAF CAPITAL INTERNATIONAL I. LLC
2. The mailing address of the limited liability company is : 5780 GRANDE RESERVE WAY, UNIT 1401, NAPLES, FL 34110
3. Date of filing/registration in Florida JULY 6, 2000
4. Document number L00000007928

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

THOMAS J. CRANE
Name
5780 GRANDE RESERVE WAY, UNIT 1401
Address
NAPLES, FL 34110
City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Rays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Thomas J. Crane
AUTHORIZED REP.
(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Patricia Pizzuto
(Signature of Registered Agent) Patricia Pizzuto
as its agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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