## L12,000229797

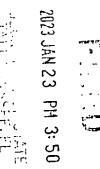
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## COVER LETTER

TO: Registration Division of	Section Corporations	
SUBJECT:	Cianae 1	
	Name of	Limited Liability Company
Dear Sir or Madam:		
The enclosed Regist	ered Agent/Registered Office C	change and fee(s) are submitted for filing.
Please return all corr	respondence concerning this ma	atter to the following:
<u>Cari</u>	M. Skvens, Name of Person	E SQ
	Firm/Company	<del></del>
1655 Po	Im Booch lakes	Blud, suite 800
	Address	
West Pe	Im Beoch, FC City/State and Zip Code	33401
	City/State and Zip Code	
Marca E-mail address	neo Egmail.	comt report notification)
For further informat	ion concerning this matter, plea	se call:
Migue	Avaneo a	1 ( <u>561</u> ) <u>351-8165</u> Area Code & Daytime Telephone Number
Mailing Ac	idress:	Street Address:
Registratio		Registration Section
~	*Corporations	Division of Corporations
P.O. Box 6	•	The Centre of Tallahassee
Tallahassec	e. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	a check for the following amo	ount:
S25 Filing	g Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605,0114 or 605,0116, 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.	Na	me of the limited liability company:Clarc	re 1	LIC	
7		Miguel Avaneo	(b)	Migrel.	Araneo
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Malling address	of limited fiability company:  BE POST OFFICE BOX)
		11394 Manatee Boy In		11399 Ma	matee Bay In
		Wellington Fl 33449		Wellington	FL 33449
		03/01/2012		212 <i>0</i> 0002	
3.		Date of filing/registration in Florida	4.	Document no	umber
5	(2)	Lisa Bronden			
٠.	(47	Registered Agent and Registered Office shown on the records of to	he Florida l	Dept. of State:	
		Registered Office Address	DDRESS)		
		4623 Forest Hill Blvd.	Suite	108-1	F 1 2023 JAN 23 TALL A.E.
		WestPalm Booch FL			
		West Palm Block .FL	<u>33</u>	<u>-// 5</u>	2
		Enter name of $\underline{NEW}$ Registered Agent and/or $\underline{NEW}$ Registered	Office add	ress:	PH 3:
		1655 Palm Beach Lakes	5 B1	vd.	20 20 20 20 20 20 20 20 20 20 20 20 20 2
		NEW Registered Office Address:	-		
		suite 800			
		West Palm Booch FL	33	990(	
cha age wa	inge ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the law of member or authorized representative of a member	registered bility con the limit	l office and the business pany, it is hereby confi ed liability company or	s office of the registered irmed that the change(s) r as otherwise provided in
	//	Myll Hiere		Migue / /2	rones.
S	ignat	ure of amember or authorized representative of a member		Printed or type	d name of signee

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 605, 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.

Signature of Registered Agent