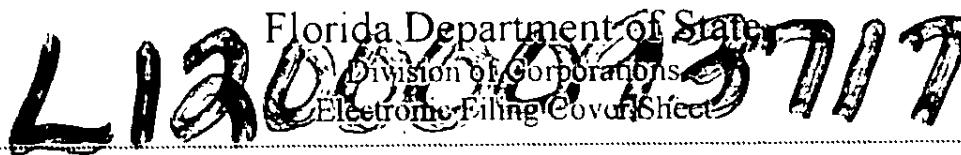


5/5/2020

Division of Corporations

H20000132538 3



**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000132538 3)))



H200001325383ABCV

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

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

Email Address: \_\_\_\_\_

2020 MAY -5 PM 12:36

**LLC REGISTERED AGENT CHANGE  
CLICKHELPNET LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

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MAY 06 2020

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLICKHELPNET LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sergio Arana

\_\_\_\_\_  
Name of Person

CLICKHELPNET LLC

\_\_\_\_\_  
Firm/Company

601 Brickell Key Dr, Suite 501

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code

sergio@wearenovae.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria de Varona

305

4392317

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# 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. Name of the limited liability company: CLICKHELPNET LLC
2. (a) 601 Brickell Key Dr Suite 501 Miami, FL 33131  
Principal office address of limited liability company.  
(Note: MUST BE STREET ADDRESS)
- (b) 601 Brickell Key Dr Suite 501 Miami, FL 33131  
Mailing address of limited liability company  
(Note: MAY BE POST OFFICE BOX)
3. 07/19/2012  
Date of filing/registration in Florida
4. L12000093717  
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of State.

Monique Troncone, CPA P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

55 NE 5Th Ave Suite 501

Boca Raton, FL 33432

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address

Corporation Service Company

NEW Registered Office Address

1201 Hays Street

Tallahassee, FL 32301

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 of a member or authorized representative of a member

Sergio Arana

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 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

Amanda Robinson, Asst. Vice President

2020 MAY -5 PM 12:36