

L130000086945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

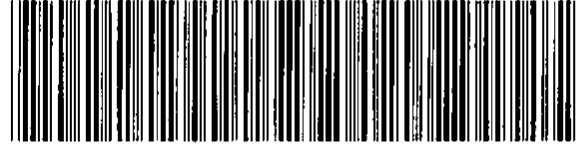
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/01/23--01035--001 **275.00

2023 SEP -1 PM 12:40
DIVISION OF CORPORATIONS
STATE OF MISSISSIPPI

R. HUNT
09/01/23

+

SUBJECT: CLOUDY INVESTMENTS, 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:

ROBERT THOMSON

Name of Person

TRIVERGENT TRUST, LLC

Firm/Company

1201 S. ORLANDO AVE, SUITE 370

Address

WINTER PARK, FL 32789

City/State and Zip Code

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

For further information concerning this matter, please call:

DEBORAH SHORE at (407) 949-5573

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

UNITED STATES
 DEPARTMENT OF JUSTICE
 DIVISION OF CONSUMER PROTECTION
 2023 SEP -1 PM 12:40

**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: CLOUDY INVESTMENTS, LLC

2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>1125 SOLANA AVE</u> <u>WINTER PARK, FL 32789</u>	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>PO BOX 1270</u> <u>WINTER PARK, FL 32790</u>
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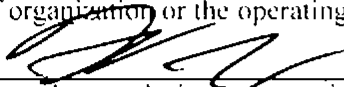
3. <u>06/17/2013</u> Date of filing/registration in Florida	4. <u>1.13000086945</u> Document number
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5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
BURNETT, RANDOM R
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
825 BALLOUGH ROAD, SUITE 410
DAYTONA BEACH, FL 32114-2265

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
BRYAN, F. WILLIAM II
NEW Registered Office Address:
1125 SOLANA AVE
WINTER PARK, FL 32789

2023 SEP - 1 PM 12:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.

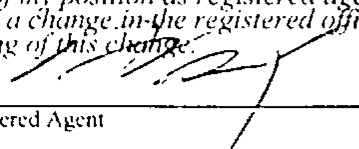


Signature of a member or authorized representative of a member

BRYAN, F. WILLIAM II

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00