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16 JUN 22 AM 11:03
SECRETARY OF STATE
ALBANY, NY

JUN 23 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clapping Seal Technology Solutions, 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:

Simon Bacquie

Name of Person

Clapping Seal Technology Solutions, LLC

Firm/Company

19820 SW 7th Place

Address

Pembroke Pines, FL 33029

City/State and Zip Code

admin@simonbacquie.com

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

For further information concerning this matter, please call:

Simon Bacquie

954

439-6543

at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

16 JUN 22 AM 11:03
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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.

Clapping Seal Technology Solutions, LLC

1. Name of the limited liability company: 15757 Pines Blvd (a) 15757 Pines Blvd (b)

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Suite 232

PEMBROKE PINES, FL 33027

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Suite 232

PEMBROKE PINES, FL 33027

09/08/2015

L15000152703

3. Date of filing/registration in Florida

4. Document number

BACQUIE, SIMON P

5. (a)

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

19820 SW 7TH PLACE

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

PEMBROKE PINES 33029
, FL

Havre, Bill

(b)

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

REGISTERED AGENTS INC.

NEW Registered Office Address:

3030 N. Rocky Point Drive, STE 150A

Tampa 33607
, FL

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.

Simon Bacquie

Signature of a member or authorized representative of a member

Simon Bacquie

Printed or typed 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.

Bill Havre

Signature of Registered Agent

Bill Havre/Assistant Secretary

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

FILING FEE: \$25.00