

L17 000246320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

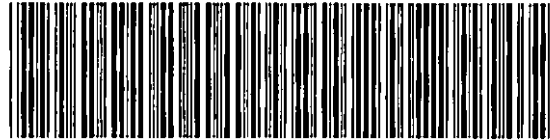
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 NOV 19 AM 9:33

RA Change (Office)

DEC 16 2019

D CUSHING

**Law Office of Mitchell I. Fried**  
**Attorney and Counselor At Law**

498 Palm Springs Drive  
Suite 100  
Altamonte Springs, Florida 32701

Phone 407-682-1331 Fax 407-682-2011

Admitted to Practice in  
Florida and New York

Business Law - Probate  
Real Estate - Personal Injury

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Web: [www.mfriedlaw.com](http://www.mfriedlaw.com)

November 14, 2019

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

Re: CLINCLOUD LLC  
L17000246320

Change in Registered Office Address


Dear Clerk:

Please be advised that this office represents CLINCLOUD LLC, a Florida limited liability company.

I am enclosing herein Cover Letter and Statement of Change of Registered Office only, together with my check in the amount of \$25.00, payable to the Florida Department of State.

Please process the change.

Yours truly,

  
Mitchell I. Fried

MIF/mys  
encs.

19 NOV 19 AM 9:33  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLINCLOUD 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:

MITCHELL I. FRIED, ESQ.

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

MITCHELL I. FRIED, ESQUIRE

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

498 PALM SPRINGS DRIVE, SUITE 100

\_\_\_\_\_  
Address

ALTAMONTE SPRINGS, FL 32714

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

mfriedlaw@earthlink.net

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

For further information concerning this matter, please call:

MITCHELL I. FRIED, ESQ.

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

at ( 407 ) 682-1331

\_\_\_\_\_  
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

**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: CLINCLOUD LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

1640 N. MAITLAND AVE, SUITE 1000

1640 N. MAITLAND AVE, SUITE 1000

MAITLAND, FL 32751

MAITLAND, FL 32751

12/01/2017

L17000246320

3. Date of filing/registration in Florida 4. Document number

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

MITCHELL I. FRIED, ESQ.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

999 DOUGLAS AVE., SUITE 3320

ALTAMONTE SPRINGS, FL 32714

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

NEW Registered Office Address:

498 PALM SPRINGS DRIVE, SUITE 100

ALTAMONTE SPRINGS, FL 32701

19 NOV 19 AM 9:33  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

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.*

Signature of Registered Agent

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