## 480000000536

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(Address)					
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PICK-UP	WAIT MAIL				
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(Document Number)					
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O SIMMONS

## COVER LETTER

TO:	Registration Section Division of Corporations					
erro no	Cor. Clearview	Geographic LLC				
SUBJECT: Clearview Greographic LLC Name of Limited Liability Company						
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning	this matter to the following:				
	HIEX Clark Name of Person					
	( New view Geograph: Firm/Company	<u>LLC</u>				
İb	11 Marlbero Dive					
De	City/State and Zip Code	:				
<u> ५८</u>	Jour K & Cléarvi e wgrograf	nnual report notification)				
For fur	ther information concerning this matt	er, please call:				
	Alex Clark Name of Person	at (356) Z65 959 4 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:						
	S25 Fiting 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.	Name of the limited liability company: Clearview	Geograp	hic 1	10
2. 6	1) 1011 Alachboro Deve	(b)	1011	Marlhoro Drive
•	Principal office address of limited fiability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Deland, FL 32724		Dela	nd, FL 32724
	March 26, 2018		L180	00076536
3.	Date of filing/registration in Florida	4.		Document number
5. (	a) Alex Clark			
	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of St	ate:
	4/20 lake bridge Plaza Driv	e APT	800	-
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		_
	Ormand Beach .FI	L_3217	)-[	<b>= =</b>
/1				CRE L T
(1	Enter name of NEW Registered Agent and/or NEW Registered	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	1011 Mariboro Prive			FILED  B JUL -2 PM 4 24  SECRETARY OF STATE FALLAMASSEE, FLORIDA
	NEW Registered Office Address:			ATE ORIDA
		0.4		
	<u>Deland</u> , FI	34	129	<del></del>
the cagen was/	Ilimited liability company is not organized under the la hange or changes are made, the Florida street address o t will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members rticles of ofganization on the operating agreement of the	f the regist iability cor of the limit	ered offi npany, it ted liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	Mul flas		<b></b>	Printed or typed name of signee
	nature of a mamber or authorized representative of a member			•
prov the o to m	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address. I ied in writing of this change.	ree to act t 2 performa 2d för in Ci hereby coi	n this ca nce of m hapter 60 tfirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed a the limited liability company has been
Sign	iture of Registered Agent			