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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations		
SUBJECT: Clearview Geographic 11c Name of Limited Liability Company		
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:		
Alex Clark Name of Person		
Name of Person		
^		
Clearnew Geographic LLC Firm/Company		
Firm/Company		
344 S Woodland Blud Address		
Address		
Deland FL 327 ZD City/State and Zip Code		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Alex clark a1 (386) 957 2314		
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:		
S25 Filing Fee S55 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.

r 11/1 (GG.	
I. Name of the limited liability company: (leer use	
2. (a) 344 S Wordland Blid	(b) 344 5 woodland Blud
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Deland, FL 32720	Deland 32720
2 2 . (
March 26 ZONS 3. Date of filing/registration in Florida	L18000076536
	4. Document number
5. (a) Alex Clask	
Registered Agent and Registered Office shown on the records of t	the Florida Dept. of State:
1011 Martbero Drive	
Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)
Deland .FL	Office address:
17.6 160.0	
(b)	22 22
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:
344 S wood band blud	
NEW Registered Office Address:	(3) (1)
	
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<u>Delaw</u> .FL	32720
If the limited liability company is not organized under the lav	as 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 registere
agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of	of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the	limited liability company.
Rey Clayer	Printed or typed name of signee
Signature of a member or authorized representative of a member	**
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accep
provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I	d for in Chapter 605, F.S. Or, it this document is being fued hereby confirm that the limited liability company has been
nounea in writing of ints engage. 7	
Signature of Registered Agent	
S. F. S.	

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