LIF0000 92894

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04/23/18--01018--022 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	CCT: Clouductivity, LLC					
	Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Of	fice Change and fe	re(s) are submitted for filing.			
Please	return all correspondence concerning th	nis matter to the fo	llowing:			
	Name of Person		-			
	raine of reison					
Robei	rt G. Schrader, Esq.					
	Firm/Company		-			
РО В	ox 397					
	Address		-			
North	Conway, NH 03860					
	City/State and Zip Code		-			
bob.se	chrader.esq@gmail.com					
E-	-mail address: (to be used for future an	nual report notifica	ation)			
For furt	ther information concerning this matter	, please call:				
Bob S	Schrader	603	662-6225			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	MAI	LING ADDRESS:			
	Registration Section		stration Section			
	Division of Corporations		ion of Corporations			
	Clifton Building 2661 Executive Center Circle		Box 6327 hassee, Florida 32314			
	Tallahassee, Florida 32301	Tana	1103500, 1 1011da 323,17			
	Enclosed is a check for the following	g amount:				
	■ \$25 Filing 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.

2 10)i iuu	i.				
1.	Na	me of the limited liability company: Clouducti	ivity, LLC			
	(a))		
	\-\ \ .	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y:	,N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		2803 Gulf to Bay Blvd. #173		2803 Gu	ılf to Bay Blvd. #173	
		Clearwater, FL 33759		Clearwa	ter, FL 33759	
		April 12, 2018		L1800009	92894	
3.		Date of filing/registration in Florida	4.	1181.1	Document number	_
5	(a)					
٠.	(4)	Registered Agent and Registered Office shown on the recor	rds of the Florida	Dept. of State	B	
		Marcus Bastian				
		Registered Office Address (MUST BE FLORIDA STR.	EET ADDRESS)		
		2903 Gulf Bay Blvd. #173			Par ins	
		Clearwater	_, _{FL} _33759		2018 A SECR	
					APR 23 PH RETARY OF S AHASSEE, FL	
	(b)	Enter name of NEW Registered Agent and/or NEW Regis		1		
		Enter name of NEW Registered Agent and/or NEW Regis	stered Office add	<u>iress</u> :	PH I2:	
		Robert G. Schrader, Esq.			PHIZ: L	
		NEW Registered Office Address:			₹	
		3000 SW 26th Terrace				
		Dania Beach	, _{FL} 33312			
		Tarina Bodon	_, FL_ 00012			
the age	chai ent w is/we	mited liability company is not organized under the nge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit reauthorized by an affirmative vote of the members of organization or the operating agreement or	ess of the registed liability copers of the limited l	stered office mpany, it is ited liability iability com	e and the business office of the registeres is hereby confirmed that the change(s) by company or as otherwise provided in inpany.	ed
	Henat	are of a member or authorized representative of a member	HOI.	Sen G. SC	hrader, Esq. Printed or typed name of signee	_
I I pro the to	hereb ovisio obli mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and completed agent as propers of my position as registered agent as propers of the change in the registered office address in writing of this change.	d agree to act plete performo vided for in (ss, I hereby co	in this cape ance of my c Chapter 605 onfirm that i	acity. I further agree to comply with th	e pt d

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

Signature of Registered Agent