

L18000129468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

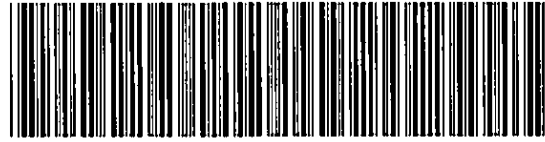
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100334932471

10/01/19--010:5--003 **25.00

2019 OCT 1 PM 5:36
TALLAHASSEE, FL

FILED

OCT 17 2019
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLDG HQ Holdings, 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:

J. David Jeans, Esquire

Name of Person

RezLegal, LLC

Firm/Company

816 A1A North, Suite 204

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

rezlegal@rezlegal.com

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

For further information concerning this matter, please call:

J. David Jeans, Esq. at (904) 567-1172

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

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: CLDG HQ Holdings, LLC

2. (a) 1611 Atlantic Blvd. (b) 1611 Atlantic Blvd.

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Jacksonville, FL 32207

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Jacksonville, FL 32207

05/21/2018

L18000129468

3. Date of filing/registration in Florida

4. Document number

5. (a) LEONE, GEORGE

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

1538-2 HENDRICKS AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

JACKSONVILLE, FL 32217

(b) LEONE, GEORGE

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

NEW Registered Office Address:

1611 ATLANTIC BLVD

JACKSONVILLE, FL 32207

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 signer

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.

George Leone

Signature of Registered Agent