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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
CLATE-2, ŁLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
JIMMIE M. CUMMINS	
Name of Person	
Firm/Company	
1542 4th Street, Unit 206	
Address	
Sarasota, FL 34236	
City/State and Zip Code	
ccummins@rpaadvisors.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	se call:
Jimmie M. Cummins at	201 675-0815
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	unt:
□ \$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.

l. N	ame of the limited liability company: CLATE-2, LLC	<u> </u>		
2. (a)			b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	;	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	1542 4th Street, Unit 206		1542 4th	Street, Unit 206
	Sarasota, FL 34236		Sarasota,	FL 34236
	January 28, 2019		L19000022	2673
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
(,	Registered Agent and Registered Office shown on the records of Corporation Service Company	of the Florid	la Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREE	-		
	Tallahassee, I	32301		•
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Jimmie M. Cummins	ed Office a	ddress:	E 11 2022 APR - SECRETAR TALLAHASS
	NEW Registered Office Address:			PR -
	1542 4th Street, Unit 206			SELY S
	Sarasota, I	FL_34236	_	OF STATE
change agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members sicles of organization or the operating agreement of the	he register liability co s of the lin he limited	ed office and ompany, it is nited liability	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Signa	ature of a member or authorized representative of a member			Printed or typed name of signce
provis the ob to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid- ely reflect a change in the registered office address, d in writing of this change.	gree to ac 'e perform led for in l I hereby c	t in this cape seace of my c Chapter 605 confirm that i	scity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
I here provis the ob to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provia ely reflect a change in the registered office address,	orpe to ac	et in this can	Printed or typed name of