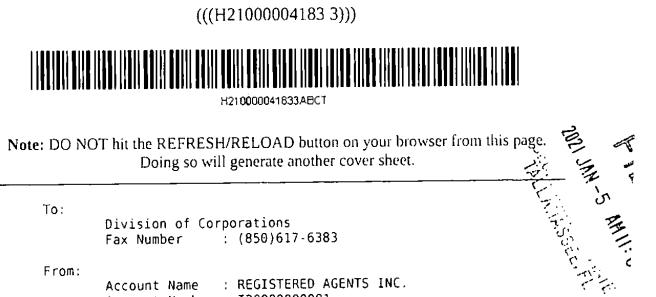
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000004183 3)))



Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

	Addrocci			
Email	ANNICC.			

## LLC REGISTERED AGENT CHANGE **CLEVER SERVICES LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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## 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

rtoria	ame of the limited liability company: Clever S	ervice	s LLC			
1. N 2. (a)	1202 NODTH LINIVEDSITY DDIVE		(b) 1293 NORTH UNIVERSITY DRIVE			
±. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	192		192			
	CORAL SPRINGS, FL 33071	<del></del>	CORAL	SPRINGS, FL 33071		
	03/01/2019		L19000059370			
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	, MICHAEL TOTH			_		
υ. τα	Registered Agent and Registered Office shown on the records o	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat				
	1293 NORTH UNIVERSITY DRIVE	· <u></u> ,		707		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		型 宣 司		
	#192					
	CORAL SPRINGS, F	<sub>I.</sub> 33071				
(b)	Registered Agents Inc.			2021 JAN -5 AH 11: 04		
(0)		Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	7901 4th St N			· _		
	NEW Registered Office Address:					
	STE 300			_		
	St. Petersburg, F	. <sub>L</sub> 33702		_		
the chagent was/vethe at	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the mature of a member or authorized representative of a member.	of the regist liability control of the limited	tered offic mpany, it ited liabili ability cor y Park	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.  Printed or typed name of signee		
I her provi the oi to me notiff	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, ed in writing of this change.	gree to act te performa led for in C I hereby co int Secret	ince of my hapter 60 infirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been		

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

Signature of Registered Agent