

h20000047632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

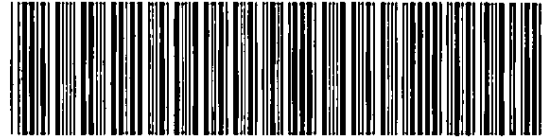
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2021 FEB 18 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FL

3/3/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2021

JASON KLEINER
4409 HOFFNER AVE #307
ORLANDO, FL 32812

SUBJECT: LID 24 MANAGEMENT LLC
Ref. Number: L20000047632

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 921A00002686

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LID 24 MANAGEMENT LLC
Name of Corporation

DOCUMENT NUMBER: L20000047632

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Kleiner
Name of Contact Person

Firm/Company

4409 HOFFNER AVE # 307
Address

Orlando FL 32812
City/State and Zip Code

jay@revupcommerce.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Kleiner at (516) 351-9075
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: CLIO 24 Management LLC
2. (a) 4409 Hoffner Ave #307
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Orlando FL 32812
- (b) 4409 Hoffner Ave #307
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Orlando FL 32812
3. 2/10/2020
Date of filing/registration in Florida
4. 620000047632
Document number
5. (a) Business Filings Incorporated
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 South Pine Island Road
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Plantation, FL 33324
- (b) Jason Kleiner
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4409 Hoffner Ave #307
NEW Registered Office Address:
Orlando, FL 32812

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SECRETARY OF STATE
TALLAHASSEE, FL

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]
Signature of a member or authorized representative of a member

Jason Kleiner
Printed or typed name of signee

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.

[Signature]
Signature of Registered Agent