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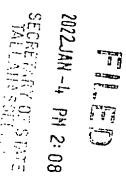
(Requestor's Name)
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December 21, 2021

CRISTINA SHEA 9860 SW 130 STREET MIAMI, FL 33176

SUBJECT: CLOVERLEAF RENTALS, LLC

Ref. Number: L20000173981

We have received your document for CLOVERLEAF RENTALS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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) 245-6052.

Neysa Culligan Regulatory Specialist III

2822 JAN - 14 PM

Letter Number: 121A00030833

www.sunbiz.org

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Cloverleaf Rentals, 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:		
Cristina Shea  Name of Person		
Cloverleaf Rentals, LLC Firm/Company		
9860 SW 130 ST. Address		
Miumi, FL 33176  City/State and Zip Code		
Ladysheachellsouth. nut  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Cristina Shea at (305) 848-6679  Name of Person Area Code & Daytime Telephone Number		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$25 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.

suomis me jonoving statement in order to endinge his registers	^
1. Name of the limited liability company:	caf Rentals, LLC
2. (a) 12024 SW 132md ct.	(b) 12024 SW 132nd CT.
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
Miami, FL 33186	Miami, FL 33186
<del>.</del>	
10-22-2020	L20000173981
3. Date of filing/registration in Florida	4. Document number
5. (a) Trust Coursel, PLLC	
Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State:
357 Almoria Ave	
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)
svite 103	2022 SEC TH
Coral Gables EL	33134
(b) <u>Cristina Shea</u>	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:
9860 SW 130 ST.	O8
NEW Registered Office Address:	
BUDDE SE SENER	
	22171
<u>Miami</u> , FL	33176
If the limited liability company is not organized under the law change or changes are made, the Florida street address of the ragent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the liability.	registered office and the business office of the registered polity company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I had notified in writing of this change.	e to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed creby confirm that the limited liability company has been

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

Signature of Registered Agent