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(Re	equestor's Name)
(Ad	ldress)
(Ad	tdress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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RETARY OF STATE
TALLAHASSEE, FI

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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations		,
SUBJE	KLEVER BRANDS LLC CT:		
		Name of Limited	Liability Company
Dear Si	r or Madam:		
The enc	losed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.
Please r	eturn all correspondence concerning	g this matter to th	e following:
LOVET	TE DOBSON		
	Name of Person		<u>——</u>
INCFIL	E.COM		
	Firm/Company	·=··	
17350 S	TATE HWY 249 #220		
	Address		 -
HOUST	ON, TEXAS 77064		
••	City/State and Zip Coc	le	
EFILEI	23-4@INCFILE.COM		
E-	mail address: (to be used for future	annual report not	ification)
For furt	her information concerning this man	iter, please call:	
LOVET	TE DOBSON	888 at (462-3453
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303
	Enclosed is a check for the follow	ing 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.

(a)			b)			
				ailing address of lin		
	7304 NW 108TH CT		7304 NW 10			
	DORAL, FL 33178		DORAL, FL	, 33178		
	08/03/2020		L2000023014	1		
	Date of filing/registration in Florida	4.		Document numbe	r	
(a)	LEGALING CORPORATE SERVICES INC.					
	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET) 5237 SUMMERLIN COMMONS SUITE 400					
	Registered Office Address (MUST BE FLORIDA STREET) 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS , F				202	
(h)	Registered Office Address (MUST BE FLORIDA STREET) 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS . F REMBERTO UZCATEGUI	r <i>addre.</i> TL 33907	SS)	.s .s	2021 S.T	~· p
(h)	Registered Office Address (MUST BE FLORIDA STREET) 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS F REMBERTO UZCATEGUI Enter name of NEW Registered Agent and/or NEW Registered	FADDRE.	ddress:	.s .s	2021 ST2 +2 P	The state of the s
(h)	Registered Office Address (MUST BE FLORIDA STREET) 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS . F REMBERTO UZCATEGUI	FADDRE.	ddress:	.s .s	72 -2 PH	
(h)	Registered Office Address (MUST BE FLORIDA STREET) 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS F REMBERTO UZCATEGUI Enter name of NEW Registered Agent and/or NEW Registered	F ADDRE. 233907 ed Office :	ddress:	INGTARY OF STATE	2021 STP -2 PH 2: 02	

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

REMBERTO UZCATEGUI

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.

emberto Signature of Registered Agent **O**