

L21000069657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

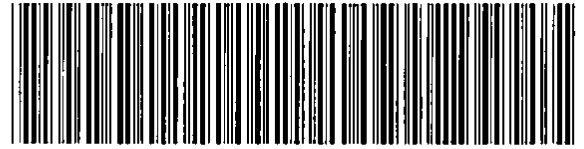
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100425201621

03/11/24--01017--013 \*\*25.00

FILED

2024 APR 29 PM 12:18

NOTICE OF FILING  
NOTICE OF FILING

NOTICE OF FILING

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2024

CHARLES CIPHERY  
9028 STRANDHILL WAY  
BOYNTON BEACH, FL 33472

SUBJECT: CLC LAND ONE LLC  
Ref. Number: L21000069657

We have received your document for CLC LAND ONE 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):

The form you submitted is for a , but your entity is a . Please complete and return the enclosed blank form(s).

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.

Kiora Hester  
Regulatory Specialist II

Letter Number: 324A00006767

2024 APR 29 PM 12:18  
FILED  
TALLAHASSEE, FL

FILED

rec'd  
4-29

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLC LAND ONE 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:

Charles CIPHERY  
Name of Person

CLC LAND ONE LLC  
Firm/Company

9028 STRANDHILL WAY  
Address

BOYNTON BEACH, FL 33472  
City/State and Zip Code

CLCIPHERY@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES CIPHERY at (561) 386 2925  
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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
2024 APR 29 PM 12:18  
TALLAHASSEE, FL  
STATE

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: CLC LAND ONE LLC

2. (a) 9028 STRANDHILL WAY (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

BOYNTON BEACH FL  
33472

3. 2/9/2021 4. L21000069657  
Date of filing/registration in Florida Document number

5. (a) LEGALING CORPORATE SERVICES INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 SUMMERLIN COMMONS  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 400  
FORT MYERS, FL 33907

(b) Charles CIPHERY  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

9028 STRANDHILL WAY  
**NEW Registered Office Address:**

BOYNTON BEACH, FL 33472

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

Charles CIPHERY  
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

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

FILED  
2024 APR 29 PM 12:18  
TALLAHASSEE, FL