L22000277-04

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THEO STATE CORPORATIONS OF STATE

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	CLE BRANDS, LLC		
	N	ame of Limited L	iabiaty Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.
Please re	turn all correspondence concerning	this matter to the	following:
CHRISTI	AN L EIROA		
	Name of Person		
CLE BR	ANDS, LLC		
	Firm/Company	-	
4650 NW	74TH AVE		
	Address		
MIAMI, I	FL 33166		
	City/State and Zip Code	:	<u> </u>
CHRISTI	AN@CLECIGARS.COM		
E-n	nail address: (to be used for future a	nnual report notif	ication)
For furth	er information concerning this matter	er, please call:	
CHRISTI	AN L EIROA	305 at (5140244
	Name of Person		Area Code & Daytime Telephone Number
<u>1</u>	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
1	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Ĭ	Enclosed is a check for the following	ng amount:	
	☐ \$25 Filing Fee	•	55 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.

l. (a)	ÇARISTIAN L EIROA		(b) CHR	ISTIAN L EIROA			
(4)	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)		
	4650 NW 74TH AVE		4650	NW 74TH AVE			
	MIAMI, FL 33166		MIA	MI, FL 33166			
	JANUARY 12, 2022		L22000	0027704			
	Date of filing/registration in Florida	— 4.		Document nu	ımber		
i. (a)	UNITED STATES CORPORATION AGENTS, INC.						
. (4)	Registered Agent and Registered Office shown on the records o	the Flor	ida Dept. o	of State:			
	Registered Office Address (MUST BE FLORIDA STREET) 476 RIVERSIDE AVE.	<u>ADDRE</u>	(SS)		2023 HAY		
	JACKSONVILLE . F	 _32202 L			4AY 22	FI RETAR N OF C	
(b)	Enter name of NEW Registered Agent and/or NEW Registere CHRISTIAN L EIROA	d Office	address:		PM 5: 43	O DF STATE RPOKATIOMS	
	NEW Registered Office Address:						
	4650 NW 74TH AVE						
	MIAMI , F	33166 L					
hange gent v vas/we he arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of organization or the operating agreement of the street of a member or authorized representative of a member	e registe ability of the l limited	ered office company imited liad I liability	ce and the business t, it is hereby confi- ability company or	office of the rmed that the as otherwise	e registered le change(s) e provided in	
rovisi he obl o mer	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide elv reflect a change in the registered office address. It is writing of this change	ree to a perfor ed for in hereby	ct in this mance of Chapter confirm	capacity. I further my duties, and I a r 605. F.S. Or, if th that the limited lian	r agree to com In familiar v his documen bility compa	omply with the with and accep it is being filed iny has been	