L22000136379

(Requestor's Name)
(Address)
(,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
.: Copies Certificates of Status
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A. BUTLER
DEC 1 4 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

		ACCOUNT NO.	:	I20000	000195				
		REFERENCE	:	237428	8384787				
		AUTHORIZATION	:						
		COST LIMIT	:	\$ 25 0	Melena				
		December 12, 202	2	Ì	-				
ORDER '	TIME :	9:28 AM							
ORDER 1	NO. :	237428-005							
CUSTOM	ER NO:	8384787							
CHANGE OF AGENT									
	NAME:	CL PARTNERS M	ANA)	GEMENT I	LLC				
PLEASE XX	_ CERTII	THE FOLLOWING AS FIED COPY STAMPED COPY	PRO	OOF OF I	FILING:				

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations CL PARTNERS MANAGEMENT LLC SUBJECT: 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: **EDUARDO FERNANDEZ** Name of Person FL INTERNATIONAL TAX ADVISORS, INC. Firm/Company 2875 NE 191ST ST. STE 500 OFFICE 523 Address AVENTURA, FL 33180 City/State and Zip Code INCORPORATIONS@FLINVEST.CO E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: EDUARDO FERNANDEZ 786 747-2466 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 following 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.

1.	Na	ame of the limited liability company: CL PARTNERS	MANA	GEMENT LLC			
2.	(a)	2875 NE 191ST ST.		(b) 2875 NE 191ST ST.			
	ν-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· /	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		SUITE 500 OFFICE 523		SUITE 500	O OFFICE 523		
		AVENTURA, FL 33180	_	AVENTU	RA, FL 33180		
		03/18/2022		L22000136379			
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	CORPAG REGISTERED AGENTS (USA), INC					
٠,	(u)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	2002		
		999 BRICKELL AVENUE		[] 2022 DEC			
		Registered Office Address (MUST BE FLORIDA STREET	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		SUITE 820			; w		
		MIAMI	L_33131				
	(b)	CORPORATION SERVICE COMPANY			9. 20		
	` /	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	-		
		1201 Hays Street					
		NEW Registered Office Address:			-		
					-		
		Tallahassee FI	L3230	1	-		
cha age wa the	ange ent v s/we arti	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	e registe ability c of the lin	red office and ompany, it is nited liability	d the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in		
		Pablo Pigarro ture of a member or authorized representative of a member	PA	BLO PIZARI			
		•			Printed or typed name of signee		
pro the to	ovisi v obl. merc	by accept the appointment as registered agent and aging ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I imwriting of this change.	ree to ac perform d for in hereby c	t in this capa nance of my a Chapter 605 onfirm that t	wity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed he limited liability company has been		

Signature of Registered Agent