422000282818

(Re	questor's Name)	===
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
·	·	·
(Do	cument Number)	<u>.</u>
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Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
	J. HO	RNE
	SEP 19	3 2022
	ULI I.	, 7057

Office Use Only



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2022 JUN 24 PM 3: 35
SECRETARY OF STANLANASSEE, FLA



COVER LETTER

TO:	Registration Section Division of Corporations		•
	CLOUT HOUSE LLC		
SUBJ	IECT:		
	ì	Name of Limited	Liability Company
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to th	ne following:
Biank	a Roberts		
	Name of Person		
CLO	JF HOUSE LLC		
	Firm/Company		
1031	IVES DAIRY ROAD SUITE 228		
	Address		
MIAN	MI, FLORIDA 33179		
	City/State and Zip Cod	le	···
BIZ@	MOOREMVMNT.COM		
	E-mail address: (to be used for future	annual report no	tification)
For fu	irther information concerning this mat	ter, please call:	
Biank	a Roberts	1	4244641080
		at (
	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	庾	\$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.

103	1 IVES DAIRY ROAD
	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) TE 228
MIA	AMI, FLORIDA 33179
L2200	00282818
4.	Document number
f the Florida Dept. DA 33179	of State:
TADDRESS)	
33179 FL	
	2022 JUH 24 SECRETAR FALLAHASS
IDA 33179 	
33179 FL	<u></u> <u></u>
liability compa s of the limited he limited liabil Bianka l	re of Florida, it is hereby confirmed that after the ffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Roberts Printed or typed name of signee this capacity. I further agree to comply with the coff my duties, and I am familiar with and according to the foliability company has been that the limited liability company has been
.!! <u></u>	L220 4. In the Florida Dept DA 33179 FADDRESS 33179 Laws of the State he registered or liability compass of the limited he limited he limited liability Bianka limited liability and liability and liability and limited liability and liabi

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

Signature of Registered Agent