L23000258643

(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



100410174591

96/12/23 -01029-+013 ******55.00





COVER LETTER

TO: Registration Section Division of Corporations	
CLOUDAMAI SUBJECT:	
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
HENRY MEDEROS	
Name of Person	
CLOUDAMAI LLC	
Firm/Company	
382 NE 191ST ST # 769586	
Address	
Miami, FL, 33179	
City/State and Zip Code	
henrymederos.engineering@gmail.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call;
HENRY MEDEROS at (305 607-5827
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 amoun	t:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOLLIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability comparsubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) mi. FL. US 33179 Document number of State:
L2300 4. Florida Dept. (Document number
4. Florida Dept. (Document number
4. Florida Dept. (Document number
Florida Dept. (of State:
RESS)	of State:
	JUN 12 PH
202	一
	· · · · · · · · · · · · · · · · · · ·
	1: 26
ce address:	
-	
- 79	
stered offic	of Florida, it is hereby confirmed that after the eard the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in company.
HENRY MI	EDEROS
	Printed or typed name of signee
	the State of stered office y company limited lia

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: \$25.00

Signature of Registered Agent