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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| Division of Corporations CLEARWELL ADVISORS, LLC | |
|--|---|
| SUBJECT: Name of Limited | Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change a | nd fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the | ne following: |
| Joshua Ginter | |
| Name of Person | |
| GLOBAL VIRTUAL AGENT SERVICES, INC. | |
| Firm/Company | |
| 651 N Broad Street, Suite 308 | |
| Address | |
| Middletown, DE, 19709 | |
| City/State and Zip Code | |
| compliance(g/agilelegal.com | |
| E-mail address: (to be used for future annual report no | ification) |
| For further information concerning this matter, please call: | |
| Joshua Ginter 302 | 376-6710 |
| 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, F1, 32303 |
| Enclosed is a check for the following amount: | |
| S25 Filling 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.

| l. Na | ime of the limited liability company: CLEARWELL | ADVISOR | S. LLC | |
|---|--|---|--|--|
| 2. (a) | | (| ۱) | |
| (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX) |
| | 610 W DE LEON ST | | 610 W I | DE LEON ST |
| | TAMPA, FL 33606 | | TAMPA | A. Fl. 33606 |
| | 02/17/2020 | | M200000 | 001878 |
| 3. | Date of tiling/registration in Florida | 4. | | Document number |
| | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of GLOBAL VIRTUAL AGENT SERVICES, INC. | of the Florid | a Dept. of S | State: |
| | Registered Office Address (MUST BE FLORIDA STREE 5702 TANAGERLAKE RD. | T AD <u>DRES</u> | <u>2)</u> | |
| | LITHIA | L 33547 | | 202 |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> GLOBAL VIRTUAL AGENT SERVICES, INC. | | | ASSET A M |
| | NEW Registered Office Address: | | | — S 0.5 |
| | 1408 Harbour Walk Rd. | | | —————————————————————————————————————— |
| | Tampa I | 33602 | | |
| change igent v was/we he arti Sigon I hereo or ovisi he obli o mere | imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the following the properties of a member of authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and completingations of my position as registered agent as provided reflect a change in the registered office address. The writing of this change. | aws of the register liability co of the limited Los | ed office : ompany, i nited liabi liability co ua Ginter | and the business office of the registered t is hereby confirmed that the change(s) dity company or as otherwise provided in ompany. Printed or typed name of signee macrity. I further agree to comply with the |