## m20000001878

(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:									
JUL 27 2023									

Office Use Only



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2023 MAY 30 AM 8- 20

## **COVER LETTER**

TO:	Registration Section Division of Corporations										
SUBJ	CLEARWELL ADVISORS, LLC										
	Name of Limited Liability Company										
Dear 9	Sir or Madam:										
The er	nclosed Registered Agent/Registered O	office Change a	nd fee(s) are submitted for filing.								
Please	return all correspondence concerning	this matter to th	he following:								
Hanna	Whitelock										
	Name of Person		<del></del>								
Agile I	egal										
	Firm/Company		<del></del>								
651 N.	Broad St., Ste 308										
	Address		. <del></del>								
Middle	etown, DE 19709										
	City/State and Zip Code		<del></del>								
compl	ance@agilelegal.com										
Ī	E-mail address: (to be used for future a	nnual report no	otification)								
For fu	rther information concerning this matte	er, please call:									
Hanna	Whitelock	302 at (	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, FL 32303								
	Enclosed is a check for the following	ng amount:									
	\$25 Filing Fee	۵	\$55 Filing Fee & Certified Copy								
INHSI	8 (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.

1. 1	Name of the limited liability company:	\DVIS	ORS	, LLC					
2. (a	)		(h)	1					
`	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)			Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)				
	610 W DE LEON ST			610 W DE LEON ST					
	TAMPA, FL 33606			ТАМРА,	, FL 3360	6			
	02/17/2020		ŀ	<b>//200000</b> 0	11878				
3.	Date of filing/registration in Florida	<del>-</del> 4.	<del>-</del>	<del></del> -	Docum	ent numbe	er		
5. (8	1)								
	Registered Agent and Registered Office shown on the records o	f the Flo	orida	Dept. of St	atc:				
	Global Virtual Agent Services, Inc.								
	Registered Office Address (MUST BE FLORIDA STREET	'ADDR	RESS)		_				
	1408 Harbour Walk Road							202	; <del>ر</del> ۲۱
	Tampa	3360	 12		_			2023 MAY 30	:2
	, F	L		·	<del></del>			7	₽ <b>7</b> -
(b	,							30	375
(0	Enter name of NEW Registered Agent and/or NEW Registere	d Offic	e add	ress:	<del></del>			옾	Y OF STATE
								Ġ	5.T.
	Universal Registered Agents, Inc.							29	글목
	NEW Registered Office Address:								ž
	1317 California Street		_		_				
	Tallahassee, F	L	)4						
changagent was/sthe as	elimited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the mature of a member or authorized representative of a member reby accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete bligations of my position as registered agent as provide the reflect a change in the registered office address. I seed in writing of this change.	e regis iability of the e limit	stered y cor limited li	d office a mpany, it ted liabil ability co	is hereby ity comp impany.	usiness offi y confirmed any or as o or typed nam	ce of the d that the otherwise	regis char prov	stered age(s) ided in

Signature of Registered Agent