## MIZICE CE COST

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	_
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



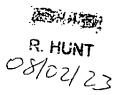
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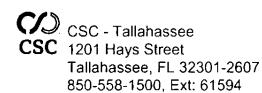
PALLAHASSEE, FLORIDA

2023 AUG - 2 B 3: 10

CIVISION OF CORPORATION

2023 AUG - 2 PH I2: 41





To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 08/02/23 Order #: 1242096-1

Re: Clever Home Search LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

I2000000195 Authorization:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

HAG CT OTTY COM

## **COVER LETTER**

Divis	sion of (	Corporations				
SUBJECT:	Celeve	r Home search LLC				
Name of Foreign Limited Liability Company						
Dear Sir or M	Aadam:					
The enclosed	Lapplica	ation, certificate and fee(s)	are submitted	for filing	g.	
Please return	all con	respondence concerning th	is matter to the	: followi	ng:	
Bryant Gonza	ales					
		Name of Person	<del>_</del> .	_		
Clever Real I	Estate Ir	nc				
		Firm/Company		_		
6358 Delmar	Blvd, S	te 300				
		Address		_		
Univesity City	y, MO 6	3130				
		City/State and Zip Cod	e	_		
billing@move	ewithcle	ver.com				
E-mail add	dress: (t	o be used for future annua	l report notifica	ītion)		
For further in	iformat	ion concerning this matter,	nlease call:			
Accounts Pag		on concorning this matters	314 at (	635-0	901	
	Nam	e of Person	· · · · · · · · · · · · · · · · · · ·	-) : & Dayt	ime Telephone Number	
Regi Divis P.O.	sion of 6 Box 63	Section Corporations		Division The Ce 2415 N	ddress: ration Section on of Corporations entre of Tallahassee I. Monroe Street, Suite 810 assee, FL 32303	
		a check for the following				
■\$25 Filing	Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Certified C		☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

TO:

Registration Section

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Depart	tment of
State: Clever Home Search LLC	<del> </del>
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2023 AUG -2 PH 12: 40
2. The Florida document number of this limited liability company is: M23000006508	-2 PH 12: 40
3. Jurisdiction of its organization: Delaware	2: 40
4. Date authorized to do business in Florida: 05/18/2023	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company: (must contain "Limited Liability Compan	y, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting busine copy of the written consent of the managers or managing members adopting the alternamust contain "Limited Liability Company," "L.L.C." or "LLC.")	ess in Florida and attach a te name. The alternate name
6. If amending the registered agent and/or registered officer address on our records, entregistered agent and/or the new registered office address here:	er the name of the new
Name of New Registered Agent:	
New Registered Office Address:	·
Enter Florida Stro	et Address
City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree to act in this capacity. I the provisions of all statutes relative to the proper and complete performance of my dua and accept the obligations of my position as registered agent as provided for in Chapte document is being filed to merely reflect a change in the registered office address, I her liability company has been notified in writing of this change.	ties, and I am familiar with er 605, F.S. Or, if this

Fitle/ Capacity	<u>Name</u>	<u>Address</u> <u>Ty</u>	pe of Action
Manageı ————	Joshua Potts	6358 Delmer Blvd, Ste 300	■Add
		University City, MO 63130	_ □Remov
Managei 	Bryant Gonzales	6358 Delmer Blvd, Ste 300	_ ■Add
		University City, MO 63130	_ □Remov
			_ □Add 2023 AUGHOV _ □Remov
<del></del>		<del></del>	_ 🗆 Add
aforementio	under the law of which this entity	eated by the official having custody of records in the	_ □Remov

Filing Fee: \$25.00