

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1			
··	(Corporation Name)	(Document #) 5000316744503/13/0001121015	5
2	(Corporation Name)	(Document #)	Ю
3	(Corporation Name)	(Document #)	
4. <u> </u>	(Corporation Name)	(Document #)	
	☐ Walk in ☐ Pick up time _	Certified Copy	
	Mail out Will wait	Photocopy Certificate of Status	
<u>NI</u>	EW FILINGS	<u>AMENDMENTS</u>	
	Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
<u>o</u>	THER FILINGS	REGISTRATION/QUALIFICATION S S S S S S S S S S S S S S S S S S S	
	Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	

Examiner's Initials

al 3/22

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, the undersigned corporation organized under the laws of the State of FLORIDA	
submits the following statement in order to change its registered office or registered	
the State of Florida.	
1. The name of the corporation is: CLIER RIGHT NEW MEDIN	A, INC-
2. The mailing address of the corporation is: 5600 Sw 95 STEET	
CORAL GABLES, FL. 33156	
3. Date of incorporation/qualification: 1200 Document number:	000000003090
4. The name and address of the current registered agent and office:	
SEAN POWER	
2140 S. Dixia Husy.	
miami, FL. 33133.	
5. The name and address of the new registered agent and office: (P. O. Box Not Accept	otable)
JUDY BRADIEY	
7510 Sie 63 AVENUE	
SOUTH Miami, FL. 33133	
The street address of its registered office and the street address of the business office agent, as changed, will be identical.	of its registered
Such change was authorized by resolution duly adopted by its board of directors or bauthorized by the board.	by an officer so $\sqrt{2000}$
(Signature of an officer, chairman or vice chairman of the board) (Date	1 2000
	•
(Printed or typed name and title)	-
Having been named as registered agent and to accept service of process for the abocorporation, I hereby accept the appointment as registered agent and agree to act in I further agree to comply with the provisions of all statutes relative to the proper an performance of my duties, and I am familiar with and accept the obligation of my performance.	ve stated 1 this capacity. d complete osition as
Bresh 3/9/200	0
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	TALL SEC
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	SSE 3
CR2E045(7/97) DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 323	OF STATE OF LORIS