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No Change Neur's

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SECRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: McCloud, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P05000018387

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sam McCloud

(Name of Contact Person)

McCloud, Inc.

(Firm/Company)

37 North Orange Avenue, Suite 900A

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Sam McCloud

. 407 401.9350

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of char	nge is submitted fo	or a corporation orga	02, 607.1508, or 617.15 nized under the laws of	the State of	Florida_
in order			tered agent, or both, in	the State of Flori	da.
1. The name of th	io corporazion.	McCloud,	<del></del>		
2. The principal of	office address:		Orange Av FL 32801	renue, S	iuite 900A
3. The mailing ad	dress (if different	-			
4. Date of incorpo	oration/qualificati	on: <b>2/2/200</b> ;	5Document numb	er: <b>P0500</b>	0018387
5. The name and Florida Departs		_	agent and registered offi	ice on file with th	ie
	713 Cre	ekwater 1	errace, #1	15	_ ,
_	Lake Ma	ary, FL 32	2746		部 宣 不
6. The name and (if changed):	street address of the	he new registered age	ent (if changed) and /or r	registered office	强温 一
	Sam Mo	Cloud	<u> </u>		A PER
	37 North	Orange A	Avenue, Su	ite 900/	1 影響
-	Orlando	P.O. Box NOT acceptable of FL 3280	Ď1		D.
The street address as changed will be	s of its registered be identical.	office and the street	t address of the busines	s office of its re	gistered agent,
Such change was authorized by the	authorized by re board, or the co	solution duly adopte rporation has been n	ed by its board of direct otified in writing of the	tors or by an office change.	icer so
· <del>-</del>	c of an officer or disector	or)	,	typed name and title)	
I hereby accept to I further agree to of my duties, and document is bein corporation has b	he appointment a comply with the I am familiar wi g filed merely to been notified in y	is registered agent ai provisions of all sta th and accept the ob reflect a change in t vriting of this change	nd agree to act in this of tutes relative to the pro ligation of my position he registered office add c.	capacity per and comple as registered ag dress, I hereby co	te performance ent. Or, if this onfirm that the
Sam	MECK	end	7/27/2007		<del></del>
If signing on beh	nature of Registered Ago alf of an entity:	out)		(Date)	
(Ту	ped or Printed Name)	·····		-	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*