

PO6000016988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

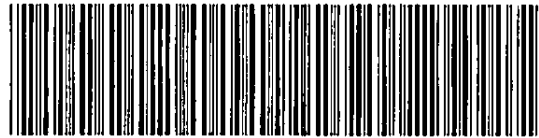
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLEAR FALLS INC
Name of Corporation

DOCUMENT NUMBER: P06000016988

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:

ANGEL TORRES

Name of Contact Person

ELROAMERICAN GROUP INC

Firm/Company

407 LINCOLN RD #PH-1

Address

MIAMI BEACH, FL 33139

City State and Zip Code

atorres@euroamericangroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGEL TORRES

Name of Contact Person

at (305)

672-0805

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 SEP 24 PM 11:48
SECRETARY OF STATE
TALLAHASSEE, FL

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1503, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CLEAR FALLS INC
2. The principal office address: 407 LINCOLN RD #PH-N MIAMI BEACH, FL 33139
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/02/2005 Document number: P06000016988
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LAURA E. KELLY P.A.

1430 S DIXIE HWY #306

CORAL GABLES, FL 33146

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

EUROAMERICAN GROUP INC

407 LINCOLN RD #PH-N

P.O. Box NOT acceptable

MIAMI BEACH, FL 33139

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

ANGE TORRES
Signature of officer or director

ANGE TORRES
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Gnyo
Signature of Registered Agent

9/12/24
Date

If signing on behalf of an entity:

ANGE TORRES
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04-13)