Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 1878765

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(((H18000229961 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 : (702)866-2500 fax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MMMARATEDX & CINCKO, COM

REGISTERED AGENT CHANGE CLAW TELECOM SERVICES INC.

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Corporate Filing Menu

AUG 1 3 2018

H180002299413

COVER LETTER

t Section Corporations	
CLAW Telecom Ser	vices Inc.
Name of Cor	poration
MBER: P120	00021028
nent of Change of Registered Office/	Agent and fee are submitted for filing.
·	
Jennifer S	harp
Name of Cont	act Person
InCorp Servi	ces, Inc.
Firm/Con	ipany
3773 Howard Hughes F	Pkwv. · Suite 500S
Lac Vages MV	80160-6014
City/State and	Zip Code
managedreports@	Dincorp.com
e-man address. (to be ased for far	are annual report nonneation)
ion concerning this matter, please ca	11:
on behalf of InCorp Services, Inc	at (<u>800</u>) <u>246-2677</u>
e of Contact Person	Area Code & Daytime Telephone Number
check made payable to the Departm	ent of State.
Mailing Address:	Street Address: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	CLAW Telecom Ser Name of Cor Name of Cor MBER: P120 ment of Change of Registered Office/ respondence concerning this matter of Control InCorp Servi Firm/Corr 3773 Howard Hughes F Addre Las Vegas, NV City/State and managedreports@ E-mail address: (to be used for fut ion concerning this matter, please ca on behalf of InCorp Services, Inc. e of Contact Person check made payable to the Departm Mailing Address: Amendment Section Division of Corporations

CR2E045 (03/12)

418000 2099613

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

From: TA:10.55.66.9:61794 Page; 1/1 Date: 8/8/2018 8:03 53 AM



August 8, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CLAW TELECOM SERVICES INC. 1936 BRUCE B. DOWNS BOULEVARD #308 WESLEY CHAPEL, FL 33543US

SUBJECT: CLAW TELECOM SERVICES INC.

REF: P12000021028

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filling of your document, please call (850) 245-6050.

Clarethe Golden Regulatory Specialist II FAX Aud. #: H18000229961 Letter Number: 718A00016305

RECEIVE 17

18 AUG 10 AM 9: 112

SECRETARY OF THE SECRETA

P.O BOX 6327 - Taliahassee, Florida 32314

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

renement of change is submitted for a corpora	2,617 D502,607.1508, or 617.1508, Florida Statutes, this uion organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.
CLAW Telec	com Services Inc.
1. The name of the corporation: 1936 BRUCE 2. The principal office address: 1936 BRUCE	B. DOWNS BOULEVARD #308
2. The principal office address Wesley Cha	pel, Ft. 33543
3. The mailing address (if different):	
4. Date of incorporation/qualification: 0	3/01/2012 Document number: P12000021028
	registered agent and registered office on file with the nter resigned)
UNITED STATES	CORPORATION AGENTS, INC.
13302 WI	nding Oak Court · Sulte A
Ţ	ampa, FL 33812
6. The name and street address of the new reg (if changed):	ristered agent (if changed) and /or registered office
In	Corp Services, Inc.
178	88 67th Court North
	P.O. Box. NOT acceptable
Lox	ahatchee, FL 33470
The street address of its registered office and as changed will be identical.	d the street address of the business office of its registered agent.
Such change was authorized by resolution d authorized by the board, or the corporation h	ruly adopted by its board of directors or by an officer so has been notified in writing of the change.
Valer 2	ALYCIA ERWIN, President
Signature of an officer or director	The a distribution of the
I hereby accept the appointment as registere I further agree to comply with the provision performance of my duties, and I am familiar agent. Or, if this document is being filed me hereby confirm that the corporation has bee	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete r with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I en notified in writing of this change.
\leq	August 6, 2018
Signature of Registerella post	Date _
If signing on behalf of an entity:	
Jennifer Sharp on behalf of InCorp Ser	vices, Inc.

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALIAHASSES, FL 32314 CRZE045 (03/12)