P140000 81700

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(Business Entity Name)	
(Document Number)	<u> </u>
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Chloa 2 Corp.

Name of Corporation

POCUMENT NUMBER: P14000087700

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:

Richard Celler

Name of Contact Person

Chloa 2 Corp

Firm/Company

10368 W. State Road 84, Suite 103

Address

Davie, Florida 33324

City/State and Zip Code

richard@floridaovertimelawyer.com

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

For further information concerning this matter, please call:

Richard Celler

Name of Contact Person

Name of Contact Person

Name of Contact Person

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

ST'ATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, to organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	his
1. The name of t	he corporation: Chloa 2 Corp	p.	
2. The principal	office address: 10368 W. Sta	ate Road 84, Suite 103, Davie, Florid	1a 33324
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 3/16/17	/0/27/2014 P140000877	00
5. The name and		stered agent and registered office on file with the	
	BUSINESS FILINGS IN	NCORPORATED	
	10368 W SR 84 Suite	103 DAVIE, FL 33324	2019 HAY
6. The name and (if changed):	I street address of the new register Richard Celler	red agent (if changed) and /or registered office <	7 2
	10368 W SR 84 Suite	103 DAVIE, FL 33324 Box NOT acceptable	ون 10 ون 👝
The street addreas changed will	ess of its registered office and the be identical.	e street address of the business office of its register	ed agent,
	//	adopted by its board of directors or by an officer so been notified in writing of the change.	
	re of an officer or director	Richard Celler, PVST	
I hereby accept I further agree to performance of	the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as regis to reflect a change in the registered office addres stified in writing of this change.	tered s, I
		5/3/19	 -
	flattife of Registered Agent	Date	
Richard Ce	half of an entity:		
	yped or Printed Name	-	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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