10/4/2017 Division of Corporations Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name	:	REGISTERED AGENTS	INC.
Account Number	:	120090000081	
Phone	:	(307)200-2803	
Fax Number	;	(855)330-1010	

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

Email Address:\_



**REGISTERED AGENT CHANGE** GREAT CLOUDWORKS, INC.

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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, 607.1508, 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: GREAT CLOUDWORKS, INC.

2. The principal office address: 4150 SW 28TH WAY FORT LAUDERDALE, FL 33312 -----3. The mailing address (if different):\_ 4. Date of incorporation/qualification: 05/05/2014 Document number: P15000023985 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) CARCAISE, VICKIE 4150 SW 28TH WAY FORT LAUDERDALE, FL 33312 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Northwest Registered Agent, LLC. 3030 N. Rocky Point Dr. STE 150A P.O. BOX NOT acceptable Tampa FL 33607 Ъ 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. Miles Dupree, COO Signature of an officer or director Printed or typed name and fille

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.

10-04-2017

Date

Signature of Registered Agent

If signing on behalf of an entity:

Tom Glover

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, TALLAHASSEL, FL 32314

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