## P16 0000 21424

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: CLI One Corp. Name of Corporation	
DOCUMENT NUMBER: P16000021424	
The enclosed Statement of Change of Register	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning th	<del>_</del>
Jan (John) Iwaniura	
Name of Contact Person	
CLI One Corp.	
Firm/Company	<del>-</del>
1918 Winding Oaks Way	
Address	
Naples, FL 34109	
City/State and Zip Code	
johniwaniura@caravangroup	o.com
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter,	please call:
John Iwaniura	,416) 315-458
Name of Contact Person	at (416) 315-458)  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	ange is submitte	ed for a corporation or	0502, 607.1508, or 617.1508, Florida Stat ganized under the laws of the State of Flor	rida	
			gistered agent, or both, in the State of Flor	ida.	
1. The name of the corporation: CLI One Corp.					
2. The principa Naples, FL 3410	<del>-</del>	1918 Winding Oaks Wa	<u>.</u>		
3. The mailing	address (if differ	rent):			
4. Date of incorporation/qualification: March 04/2016 Document number: P16000021424					
5. The name an Florida Depa	d street address or riment of State:	of the current registere (If resigned, enter resig	d agent and registered office on file with tigned)	he	
	Padly Stephanic	<u> </u>			
	1415 Panter Av	e			
	Naples, FL 3410	09			
6. The name and (if changed):	i street address o	of the new registered a	gent (if changed) and /or registered office		207
	PADLY LAW P	PA			2021 APR
	1415 Panther La	nne, Suite 394			) N
		P.O. I	Box NOT acceptable	- 算型	9
	Naples, Florida	34109		1.8	PH I
The street addre	ss of its register be identical.	red office and the stree	et address of the business office of its reg	gistered ag	geni.
Such change wa authorized by th	s authorized by e board, or the	resolution duly adopt corporation has been r	ed by its board of directors or by an office of the change.	cer so	, 0
	1WY		Jan (John) Iwaniura		
Signatur	e of an officer or dire	ctor	Printed or typed name and title		
of my duties, and document is bein	o comply with th d I am familiar v 1g filed merely t	t as registered agent a he provisions of all sto with and accept the ob to reflect a change in t writing of this chang	ind agree to act in this capacity, stutes relative to the proper and complet bligation of my position as registered ago the registered office address, I hereby co e.	e perform ent. Or, ij nfirm that	ance this t the
Exace	)		April 7/2021		
	ature of Registered A	gent	Date		_
If signing on beh	alf of an entity:	:			
Stephanie Padl					
Тут	oed or Printed Name				

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