

P16000024480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

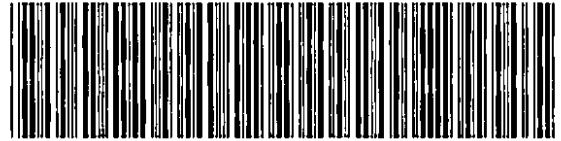
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN

AUG - 7 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLEVVVER INC
Name of Corporation

P16000024480
DOCUMENT NUMBER:

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:

Michael Rau
Name of Contact Person
AMERICA COMPANY FORMATION & MGMT Inc
Firm/Company
1217 Cape Coral Okwy E Suite 136
Address
Cape Coral FL 33904
City/State and Zip Code
michael@rau.cc
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Rau 239 214 8892
Name of Contact Person at () 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

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: CLEVER INC
2. The principal office address: _____
244 Madison Av. Suite 2417 Suite 2417 New York City, NY 10016
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/15/2016 Document number: P16000024480

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)

Aczent Inc. 382 NE 191ST ST #79989 MIAMI, FL 33179

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

AMERICA COMPANY FORMATION & MANAGEMENT INC

1217 Cape Coral Pkwy E Suite 136

P.O. Box NOT acceptable

Cape Coral FL 33904

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.

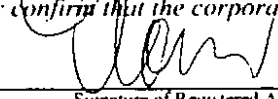


Signature of an officer or director

SVEN HECKER

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.



Signature of Registered Agent

07/29/18

Date

If signing on behalf of an entity:
Michael Fan

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 (03/12)

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TALLAHASSEE, FL