

P160000 69294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

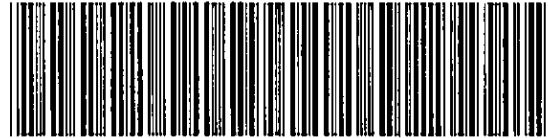
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/19/20--01014--004**35.00

2020 JUN 19 AM 8:11

FILED

AUG 05 2020
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLE MANAGEMENT INC
Name of Corporation

DOCUMENT NUMBER: P16000069294

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:

ENDRE BANFI

Name of Contact Person

CLE MANAGEMENT INC

Firm/Company

1 SUNSHINE BLVD

Address

ORMOND BEACH FL 32174

City/State and Zip Code

banfiendre@gmail.com

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

For further information concerning this matter, please call:

ENDRE BANFI

Name of Contact Person

at (386) 366 1721
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: CLE MANAGEMENT INC
2. The principal office address: 1 SUNSHINE BLVD ORMOND BEACH FL 32174
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/31/2016 Document number: P16000069294
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)

FOCUS 9 ENTERPRISES LLC

2728 ENTERPRISE RD STE 200

ORANGE CITY FL 32763

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

ENDRE BANFI

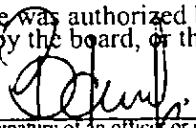
1 SUNSHINE BLVD

P.O. Box NOT acceptable

ORMOND BEACH FL 32174

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

Endre Banfi Treasurer

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

06/16/2020

Date

If signing on behalf of an entity:

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 (04/13)