

P17000 89762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

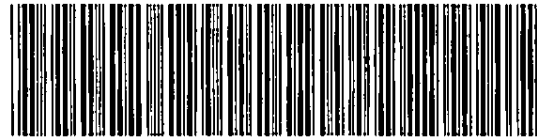
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

18 JAN 29 PM 4:45

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cloud Compliance Solutions, Inc.

Name of Corporation

DOCUMENT NUMBER: P17000089762

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:

Kelley Allen

Name of Contact Person

Cloud Compliance Solutions, Inc.

Firm/Company

7777 Glades Road, Suite 100

Address

Boca Raton, Florida 33434

City/State and Zip Code

kallenccsius.com

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

For further information concerning this matter, please call:

Hilary Allen

Name of Contact Person

at (561) 596-1075

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: Cloud Compliance Solutions, Inc.
2. The principal office address: 7777 Glades Road, Suite 100
Boca Raton, Florida
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/08/2017 Document number: P17000089762

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)

Mark Lammert

242 Rangeline Road

Longwood, Florida 32750

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

Hilary Allen

7777 Glades Road, Suite 100

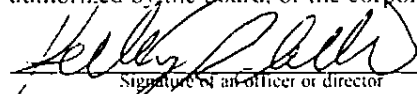
P.O. Box NOT acceptable

Boca Raton, Florida 33434

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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

KEILEY R. ALLEN CEO
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

1/23/18
Date

If signing on behalf of an entity:

Typed or Printed Name

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