

P19000078814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

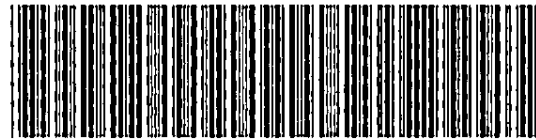
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10/20/22--01020--022 \*\*25.00

02/02/23--01007--001 \*\*10.00

FILED  
2023 JUN 17 PM 4:29  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: All Cloud Connections Corp  
Name of Corporation

DOCUMENT NUMBER: P19000078814

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:

Sydney Grice  
Name of Contact Person

Anderson Business Advisors  
Firm/Company

3225 McLeod Dr  
Address

Las Vegas, NV 89121  
City/State and Zip Code

ra@andersonadvisors.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sydney Grice at ( 800 ) 706-4741  
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2022

AMINA BARRAJ  
ANDERSON BUSINESS ADVISORS  
3225 MCLEOD DRIVE, #100  
LAS VEGAS, NV 89121

SUBJECT: ALL CLOUD CONNECTIONS CORP  
Ref. Number: P19000078814

We have received your document for ALL CLOUD CONNECTIONS CORP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 322A00027985

*rec. on  
1/17/23*

**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: All Cloud Connections Corp
2. The principal office address: 3225 McLeod Dr, Suite 100 Las Vegas, NV 89121
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/8/2019 Document number: P19000078814
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)

ELLMAN, SCOTT J

825 SE 13th St Ocala, FL 34471

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

Anderson Registered Agents, Inc.

625 E. Twiggs Street, Suite 110

P.O. Box NOT acceptable

Tampa, FL 33602

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.

**Scott Ellman**

Digitally signed by Scott Ellman  
DN: cn=Scott Ellman o, ou  
antr@andersonadvisors.com, c=US  
Date: 2023.01.05 07:38:53 -08'00'

Signature of an officer or director

**Scott Ellman, President**

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.*

**A. T. Mathis**

Digitally signed by A. T. Mathis  
DN: cn=A. T. Mathis, o, ou  
antr@andersonadvisors.com, c=US  
Date: 2023.08.09 10:10:57 -06'00'

Signature of Registered Agent

**1/05/2023**

Date

If signing on behalf of an entity:

**A. T. Mathis, President**

Typed or Printed Name

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

**MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE**

**FILED**  
2023 JAN 17 PM 4:30  
CLERK OF STATE  
TALLAHASSEE, FL