P20000023544

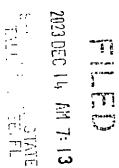
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer.			





300419500613

12/14/23--01018--002 **35.00





COVER LETTER

TO: ' Amendment Section

Name of Corporation DOCUMENT NUMBER: P20000023544 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for five Please return all correspondence concerning this matter to the following: Andrew Pierce Name of Contact Person Cindy's Florida LLC Firm/Company 8051 N. Tamiami Trail STE E6 Address Sarasota, Florida, 34243 City/State and Zip Code reports@cloudpeaklaw.com	ECT: OLAM ADVISERS INC
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for five Please return all correspondence concerning this matter to the following: Andrew Pierce Name of Contact Person Cindy's Florida LLC Firm/Company 8051 N. Tamiami Trail STE E6 Address Sarasota, Florida, 34243 City/State and Zip Code reports@cloudpeaklaw.com	of Corporation
Andrew Pierce Name of Contact Person Cindy's Florida LLC Firm/Company 8051 N. Tamiami Trail STE E6 Address Sarasota, Florida, 34243 City/State and Zip Code reports@cloudpeaklaw.com	JMENT NUMBER: <u>P20000023544</u>
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Firm/Company 8051 N. Tamiami Trail STE E6 Address Sarasota, Florida, 34243 City/State and Zip Code reports@cloudpeaklaw.com	
Address Sarasota, Florida, 34243 City/State and Zip Code reports@cloudpeaklaw.com	ly's Florida LLC
Address Sarasota, Florida, 34243 City/State and Zip Code reports@cloudpeaklaw.com	Company
Sarasota, Florida, 34243 City/State and Zip Code reports@cloudpeaklaw.com	N. Tamiami Trail STE E6
City/State and Zip Code	ss
reports@cloudpeaklaw.com	sota, Florida, 34243
. • .	tate and Zip Code
E-mail address: (to be used for future annual report notification)	reports@cloudpeaklaw.com
,	address: (to be used for future annual report notification)
For further information concerning this matter, please call:	rther information concerning this matter, please call:
Andrew Pierce 727 300-0042	

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

Name of Contact Person

Amendment Section
Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Area Code & Daytime Telephone Number

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of change is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of <u>Florida</u> egistered agent, or both, in the State of Florida.
1. The name of the corporation: OLAM ADVISE	ERS INC
	Trail STE E6, Sarasota, Florida, 34243
3. The mailing address (if different):	
4. Date of incorporation/qualification: 03/12/2020	Document number:P20000023544
5. The name and street address of the current registe Florida Department of State: (If resigned, enter re	
Accounti	ng to Scale
2500 N. Military Trail ste 220	D Boca Raton, FL, 33431
	202
6. The name and street address of the new registered (if changed):	
Cindy's Florida LLC	
8051 N. Tamiami Trail STE E6,	O. Box NOT acceptable
	treet address of the business office of its registered agent,
Such change was authorized by resolution duly ad authorized by the board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.
A.K.	Andrew Pierce
Signature of an officer or director	Printed or typed name and title
I hereby accept the appointment as registered age I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect a change corporation has been notified in writing of this change.	l statutes relative to the proper and complete performanc e obligation of my position as registered agent. Or, if thi in the registered office address, I hereby confirm that the
1/1/L	12/05/2023
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Andrew Pierce 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)