

P200000062493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

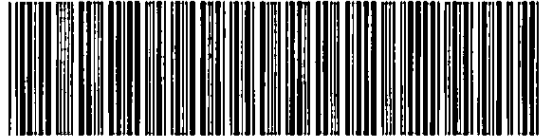
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2022 JUL 13 AM 7:45
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of 7/15/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ECLOUD ARCHITECTS INC
Name of Corporation

DOCUMENT NUMBER: P20000062493

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:

ALEJANDRO J. MORALES

Name of Contact Person

ECLOUD ARCHITECTS INC

Firm/Company

2703 SW 154TH CT

Address

MIAMI, FL 33185

City/State and Zip Code

am8850@yahoo.com

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

For further information concerning this matter, please call:

ALEJANDRO J. MORALES

Name of Contact Person

at (305)

479-6987

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

2703 SW 154TH CT
MIAMI, FL 3385

July 6, 2022

FLORIDA DEPARTMENT OF STATE
Divisions of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Reference: Letter #122A00014472

Dear Division of Corporations Representative:

In support of my previous request for change of registered agent, please find attached as requested:

- A copy of the letter I received from the State
- The new completed form

Thank you,

A handwritten signature in black ink, appearing to read 'Alejandro Morales', with a stylized flourish at the end.

Alejandro Morales
Ecloud Architects, Inc.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2022

ALEJANDRO J MORALES
2703 SW 154TH COURT
MIAMI, FL 33185

SUBJECT: ECLLOUD ARCHITECTS INC
Ref. Number: P20000062493

We have received your document for ECLLOUD ARCHITECTS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 122A00014472

RECEIVED

2022 JUL 13 PM 1:00

STATE OF FLORIDA
DIVISION OF CORPORATIONS

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: ECLLOUD ARCHITECTS INC
2. The principal office address: 2703 SW 154TH CT, MIAMI, FL 33185
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/07/2020 Document number: P20000062493
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)

EXECUTIVE TAX & ACCOUNTING SERVICES INC

8585 SUNSET DRIVE, STE, 105

MIAMI, FL 33143

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

GERALDINE D. JOB MORALES

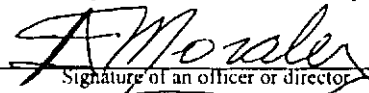
2703 SW 154TH CT

P.O. Box NOT acceptable

MIAMI, FL 33185

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

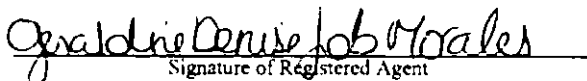
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

ALEJANDRO J. MORALES

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

07/06/2022

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)