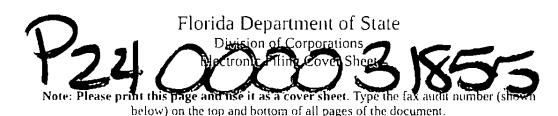
Fax: 8134365206



(((H250000007713)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

To: 18506176380

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

REGISTERED AGENT CHANGE CLINE REAL ESTATE MANAGEMENT INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

1/2/2C25 08:13 47 PST To 18506176380 Page, 2/2 Fax: 8134365206

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

	•	02, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ration organized under the laws of the State of Florida
in orde	er to change its registered off	ice or registered agent, or both, in the State of Florida.
1. The name of	the corporation: CLINE REAL	ESTATE MANAGEMENT INC.
2. The principal	office address: 7901 4th St N	STE 300 St. Petersburg FL 33702 USA
3. The mailing a	address (if different): 7901 4th	n St N STE 300 St. Petersburg FL 33702 USA
		2024 Document number: P24000031855
	d street address of the current rtment of State: (If resigned, o	registered agent and registered office on file with the enter resigned)
	UNITED STATES CORPORA	TION AGENTS, INC.
	476 RIVERSIDE AVE.	SECRETALLA
	JACKSONVILLE, FL 32202	
6. The name and (if changed):	d street address of the new re-	gistered agent (if changed) and /or registered office!
	Registered Agents Inc	
	7901 4th St N STE 300	
		P.O. Box NOT acceptable
	St. Petersburg FL 33702	
The street address changed will	ess of its registered office an be identical.	d the street address of the business office of its registered agent.
		luly adopted by its board of directors or by an officer so has been notified in writing of the change.
Sack Cl	ine	Jack Cline - President Printed or typed name and title
I hereby accept I further agree of my duties, ar document is bei	the appointment as register to comply with the provision ad I am familiar with and ac	ed agent and agree to act in this capacity. Is of all statutes relative to the proper and complete performanc cept the obligation of my position as registered agent. Or, if thi, hange in the registered office address. I hereby confirm that the
David Chierce		1/2/2025
	nature of Registered Agent	Date
If signing on be	chalf of an entity:	
Davic Roberts		
T	yped or Printed Name	

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