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SECRETARY OF SIGN

COVER LETTER

FO: Registration Section Division of Corporations			
The Clifton Corporation			
7/D0 LC11	Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.		
Please return all correspondence concern	ing this matter to the following:		
Louise Jaffe			
Name of Person			
Midgard Management, Inc.			
Firm/Company			
1475 W. Cypress Creek Road, Suite 202			
Address			
Fort Lauderdale, FL. 33309			
City/State and Zip (Code		
LJaffe@midgardmanagement.com			
E-mail address: (to be used for fut	are annual report notification)		
For further information concerning this	matter, please call:		
Louise Jaffe	954 640.0233 at ()		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
rananassee. 1 is 525 i v	Tallahassee, FL 32303		
Enclosed is a check for the fol	lowing amount:		
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	me of the limited liability company: The Clifton Corporate of the limited liability company:	ation		
. (a)	1475 W. Cypress Creek Road	(b	Same	
. (9)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 202			
	Fort Lauderdale, Fl.: 33309	_		
	03.24.1994		P940000	22611
(-)	Date of filing/registration in Florida Cliff Hertz	4.		Document number
(a)	Registered Agent and Registered Office shown on the records of the Nelson Mullins Broad and Cassel	e Florida	Dept. of Sta	
	Registered Office Address (MUST BE FLORIDA STREET AI One N. Clematis St. #500	ODRESS,	<u>)</u>	Mact 1 PHO: 10
	West Palm Beach	3401		
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	NETan ade	dua	- (Age 10)
	360 South Rosemary	zinęc auc	<u>11655</u> ,	• • • • • • • • • • • • • • • • • • •
	NEW Registered Office Address:			_
	Suite 1410			_
	West Palm Beach, FL_	3401		_
nange gent w as/we e artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the regill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab are of a member or authorized represent we of a member	gistere ility cor the limi	d office and mpany, it ited liability contability con	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
heret ovisie e ohli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pa igations of my position as registered agent as provided p ily reflect a change in the registered office address, I he I in writing of this change.	to act erforma for in C reby co	in this con	write I firether worse to comply with the

Signature of Registered Agent