

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000008921

**Entity Name:** CLOUDBASE THERAPY, INC.

**Current Principal Place of Business:**

8123 PELICAN REED CIRCLE  
WESLEY CHAPEL, FL 33545

**Current Mailing Address:**

8123 PELICAN REED CIRCLE  
WESLEY CHAPEL, FL 33545 US

**FEI Number:** 47-5261187

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRANZOTTO, RENATO  
8123 PELICAN REED CIRCLE  
WESLEY CHAPEL, FL 33545 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** RENATO GRANZOTTO

08/03/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRANZOTTO, RENATO  
Address        8123 PELICAN REED CIRCLE  
City-State-Zip: WESLEY CHAPEL FL 33545

Title            V  
Name            GIVENS, BERKLEY  
Address        8123 PELICAN REED CIRCLE  
City-State-Zip: WESLEY CHAPEL FL 33545

Title            S  
Name            GRANZOTI, OXANA  
Address        8123 PELICAN REED CIRCLE  
City-State-Zip: WESLEY CHAPEL FL 33545

Title            T  
Name            GRANZOTTO, RENATO  
Address        8123 PELICAN REED CIRCLE  
City-State-Zip: WESLEY CHAPEL FL 33545

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RENATO GRANZOTTO

PRESIDENT

08/03/2023

Electronic Signature of Signing Officer/Director Detail

Date