Florida Department of

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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

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LLC REGISTERED AGENT CHANGE MCCALLUM GROUP ENTERPRISES, LLC.

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AUG 0 4 2023

To:

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

12122023573

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability company submus the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company: McCallum Group I	Enterpr	ses, LLC				
2. (a)	H471 N. Us Hwy 301 H4	(b) 11471 N. Us Ilwy 301 114					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `		Mailing address of lin (Note: MAYBE P		-	
	Thonotosassa, FL 33592	_	Thonotosa	ssa, FL 33592			
	02/25/2022	_	L220000830)57			
3.	Date of filing/registration in Florida	4.		Document numb	er	-	
5. (a)	Thomas D Jowers						
	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<u> </u>		:: -			
	11471 N. Us Hwy 301 114						
	Thonotosassu	33592		•			
C. T. Corporation System (b) Enter name of NEW Registered Agent and/or NEW Registered Office addr.			dress:		SECRETA TAIL MINS	2023 AUG -	<u> </u>
	NEW Registered Office Address:		•	•	\$37	£	
	1200 South Pine Island Road					PH	
	Plantation, FL_	33324			STATI	6: 13	_
the cha agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of table identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the 1	the reginality controls the lin	stered office ompany, it is nited liability	and the business hereby confirme y company or as o	office o	f the r e chan	egistered ge(s)
	/s/ John Benko	Joh	n Benko				
	ure of a member or authorized representative of a member			Printed or typed nan	-		,
provisi the obli to mere notified By:	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have it in writing of this change. CT Corporation System CT Registered Agent	perforn Lfor in greby c	t in this cap aance of my c Chapter 602 onfirm that i CK, ASSISTANI	duties, and Lam for Fig. F.S. Or, if this a the limited liability	gree to co amiliar w documen ty compa	omply vith an t is be ny hai	with the ad accept ing filed x been