

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

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 DE in order to change its registered office or registered agent, or both, in the State of Florida.

I. The name of the corporation:	CALATLANTIC GROUP, INC.
1. The name of the corporation.	

2. The principal office address: 700 NW 107TH AVE, STE 400, MIAMI, FL 33172

3. The mailing address (if different):	

4. Date of incorporation/qualification: 05/23/2018 Document number: F18000002442

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)

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	1200 SOUTH PINE ISLAND ROAD		2020 JUL.	i I
	PLANTATION, FL 33324		<u>эг</u> зС	3
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	,	AH 9	ن ر ت بهبر
	Corporate Creations Network Inc.		۲ بو	
	801 US Highway 1			
	P.O. Box NOT acceptable			
	North Palm Beach, Florida 33408			

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.

	Danielle Gossman, Attorney-in-Fact
Signature of an officer or director	Printed or typed name and title
I hereby accept the appointment as registered ag I further agree to comply with the provisions of a	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance e obligation of my position as registered agent. Dr. if this

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.

02	07/30/2020	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Danielle Gossman, Special Secretary		
Typed or Printed Name		
	EPP. 035 00 + + +	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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