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Division of Corporations

15129570210

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter	the	email	address	for	this	busin	ess	entity	to	be	used	for	futur	٠ę.
an	nual	report	mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	* *	

Email Address:

REGISTERED AGENT CHANGE CALTON & ASSOCIATES, INC.

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1.00	- 3	2023

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Estimated Charge	\$35.00

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: CALTON & ASSO	OCIATES, INC.
Name of Corporation	
DOCUMENT NUMBER: J94063	
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Aliaia Dialaanda	
Alicia Richards	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
•	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Alicia Richards	
	at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.
Mailing Address	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.050, nge is submitted for a corpora r to change its registered office	tion organized un	der the las	ws of the State o	of Florida	
2. The principal TAMPA	the corporation: <u>CALTON</u> office address: <u>2701 N. F</u> , FL 33607	ROCKY PO	TAIC	DRIVE, S		
	ddress (if different): C/O Rame					npa, FL 33607
4. Date of incorp	oration/qualification: 9/21/	1987 D	ocument i	number: J94	063	
	street address of the current re tment of State: (If resigned, en		d registere	d office on file	with the	
	CALTON, DER	EK J				
	CALTON & ASSOCIATE			orth Rocky Point Suite 1000		
	TAMPA		FL	33607		
o. The name and (if changed):	Registered Ager 2894 Remington G	t Solution	is, Inc	-	office	23 1/97 - 5-7
		P.O. Box NOT acc	•		-	- ' -
	Tallahassee	FL	3230)8	— 13. 5	- -
The street addre	ss of its registered office and be identical.	the street address	of the bu	siness office of	f its registered	agent,
Such change wa authorized by th	s authorized by resolution dul e board, or the corporation ha	y adopted by its s been notified ir	board of d writing o	lirectors or by a of the change.	an officer so	
s/ Fussa, j		F <u>uss</u>		rnando	Vice Pre	esident
hereby accept if hereby accept if further agree to find my duties, and locument is being the following the first hereby accepts the first hereby a	the appointment as registered to comply with the provisions of I am familiar with and accept g filed merely to reflect a cha been notified in writing of thi	of all statutes reli of the obligation inge in the regist	to act in	ed or typed name an this capacity, e proper and c ition as registe e address, I her		mance if this iat the
Ma	الله روم	11/	01/20	23		
Sign	ature of Registered Agent	``		Date		
f signing on bel	nalf of an entity:					
Mackenzie Hibler	r. Assistant Secretary					
Ту	ped or Printed Name					
	* * * FI	LING FEE: \$35	.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)