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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ.	ect: CA	ILONE	LL	. C.	
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	fice Change at	nd fee(s) ar	e submitted for filing.	
Please	return all correspondence concerning th	is matter to th	e following	g:	
Peter	Stolz				
	Name of Person				
	21 (2)				
	Firm/Company				
382 ١	NE 191st Street #25664				
	Address				
Miam	ni, FL 33179				
	City/State and Zip Code				
peter	stolzfl@aol.com				
	E-mail address: (to be used for future and	nual report no	tification)		
For fu	rther information concerning this matter.	, please call:		1	
Peter	Stolz	954 at (343	-5571	
	Name of Person	••• \	Area C	ode & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	3	MAILING	ADDRESS:	
	Registration Section		Registration	1	
	Division of Corporations		•	Corporations	
	Clifton Building		P.O. Box 63		
	2661 Executive Center Circle Tallahassee, Florida 32301	7	Fallahassee	Florida 32314	
	Enclosed is a check for the following	; amount:			
	2 \$25 Filing Fee		\$55 Filing	Fee & Certified Copy	
NHSI	8 (2/14)				

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

 $^{
m P}$ ursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company ubmits the following statement in order to change its registered office or registered agent, or both, in the State of lorida. Callore L.L.C. Name of the limited liability company: (b) ____ 382 NE 191st Street 382 NE 191st Street !. (a) Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) #25664 #25664 Miami, FL 33179 Miami, FL 33179 106000015 Corporate Creations Network, Inc. 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 11380 Prosperity Farms Road #221E Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Palm Beach Gardens Peter Stolz Enter name of NEW Registered Agent and/or NEW Registered Office address: 382 NE 191st Street **NEW Registered Office Address:** #25664 Miami. f the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after he change or changes are made, the Florida street address of the registered office and the business office of the registered igent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) vas/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in he articles of organization or the operating agreement of the limited liability company. Peter Stolz Signature of a member grauthorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed o merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, Fl. 32314 FILING FEE: \$25.00

Signature of Registered Age