

7/24/2020

Division of Corporations

(((H20000241483 3)))

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.  
Account Number : 076666002140  
Phone : (727)461-1818  
Fax Number : (727)441-8617

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

Email Address: mike@LOCICAPITAL.COM

**LLC REGISTERED AGENT CHANGE  
CALADESI GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CALADESI GROUP, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael J. Phillips

\_\_\_\_\_  
Name of Person

Loci Capital Group, LLC

\_\_\_\_\_  
Firm/Company

4830 W. KENNEDY BLVD, SUITE 880

\_\_\_\_\_  
Address

Tampa, FL 33609

\_\_\_\_\_  
City/State and Zip Code

mike@LOCICAPITAL.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Phillips

\_\_\_\_\_  
Name of Person

404

457-1999

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: CALADESI GROUP, LLC

2. (a) 4830 W. KENNEDY BLVD, SUITE 880

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Tampa, FL 33609

(b) 4830 W. KENNEDY BLVD, SUITE 880

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Tampa, FL 33609

07/09/2010

L10000072774

3. Date of filing/registration in Florida

4. Document number

5. (a) Michael J Phillips

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

830 S Willow Ave

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33606

(b) Michael J. Phillips

Enter name of NEW Registered Agent and/or NEW Registered Office address:

4830 W. KENNEDY BLVD, SUITE 880

NEW Registered Office Address:

Tampa, FL 33609

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Michael J. Phillips

Printed or typed name of signer

*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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to 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.*

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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