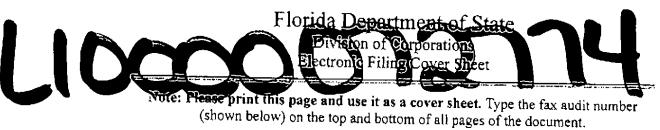
7/24/2020

Division of Corporations

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H200002414833ABCY

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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
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## .. COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CALADESI GROUP, LLC		
1	lame of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (	Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning		
Michael J. Phillips		
Name of Person		
Loci Capital Group, LLC		
Firm/Company		<u> </u>
4830 W. KENNEDY BLVD, SUITE 880		
Address		
Tampa, FL 33609		
City/State and Zip Code	:	<del>_</del>
mike@LOCICAPITAL.com		
E-mail address: (to be used for future a	nnual report notif	ication)
For further information concerning this matte	er, please call:	
Michael Phillips	404	457-1999
Name of Person	at (	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	ig amount:	
■ \$25 Filing Fee	<b>□</b> \$:	55 Filing Fee & Certified Copy
INHS18 (2/14)		

(((H20000241483 3)))

## 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. N	lame of the limited liability company: CALADESI GRO	OUP, L	LC		
2. (a)			(b)	4830 W.	KENNEDY BLVD, SUITE 880
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(5.		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa, FL 33609	<u> </u>		Tampa, F	L 33609
	07/09/2010		I.	10000072	2774
3. 5. (a)	Date of filing/registration in Florida Michael J Phillips	4.	-		Document number
\- <sub>''</sub>	Registered Agent and Registered Office shown on the records of 830 S Willow Ave	the Flor	rida I	Dept. of Sta	tte;
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRE	:22)		
	Tampa , FL	33606			FIL 2020 JUL 24 SEDRETARY TALLAHA
(b)	Michael J. Phillips			TARY OF	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<b>□</b>	
	4830 W. KENNEDY BLVD, SUITE 880				ED  AM 10: 02  OF STATE SEE, FL
	NEW Registered Office Address:				02 P
	Tampa , FL	33609			_
agent www.was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of these of organization or the operating agreement of the liability.	bility o	om	any, it is	a the business office of the registered shereby confirmed that the change(s)
Signan	ire of a member or authorized representative of a member	Mi	chae	l J. Phillip	
I hereb provisió the oblig to merei notified	y accept the appointment as registered agent and agreents of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to ac erform for in ereby c	t in anc Cha confi	this capa e of my a pter 605, rm that t	Printed or typed name of signee neity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or. if this document is being filed he limited liability company has been
o ignature	of Registered Agent				