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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: CADO TECHNOL Name of Lim	ited 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:		
Name of Person			
CLOOTECHOLOGIES L	LC		
1625 57 TER W Address			
PALUETTO, FL 3422 City/State and Zip Code	<u>.</u>		
ahernand Calul Cou E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person	727) 4.15 9.812 Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			



November 12, 2024

DOUGLAS HERMANN 1625 57TH TER W PALMETTO, FL 34221

SUBJECT: CADO TECHNOLOGIES, LLC

Ref. Number: L13000024822

We have received your document for CADO TECHNOLOGIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

NUV 4 2 2024

Letter Number: 824A00024757

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: CAW TECH DOLCGELES LLC
2. (a) 1625 57TH TEV W (b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
PALLETTOFL34211 SAME
2/18/2013 613000024822
3. Date of filing/registration in Florida 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) DECOR CHELSEA PL N CLEAR WATER .FL 33759 (b) LOUGIAS HERMAUN Enter name of NEW Registered Agent and/or NEW Registered Office address:
2868 CHRISEA PLN
CLEAR WATER FL 33759
(b) LOCALAS HELLALAN Enter name of NEW Registered Agent and/or NEW Registered Office address:
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1625 57TH TER W
01, 221
FALLETTO FL 34 del
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.
DOUGLAS HERLANDS
Signature of a member or authorized 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 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 infwhiting of this change.

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