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C. GOLDEN AUG 1 0 2019

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corpora									
SUBJECT: Calypso Culture, LLC. Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered A	gent/Registered Office Change	and fee(s) are submitted for filing.							
Please return all correspond	dence concerning this matter to	the following:							
RAEDEEN JOH Na	me of Person								
Calypso Culture, LLC.									
Fir	m/Company								
2582 MAGUIRE ROAD, #141 Address									
OCOEE, FL City/Si	34761 tate and Zip Code								
E-mail address: (to be used for future annual report notification)									
For further information con	cerning this matter, please call	l:							
RAEDEEN Name of Pe	TCHNSON at (3	21) 987 - 907+ Area Code & Daytime Telephone Number							
STREET/COURT Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, Florid	n ations nter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:									
\$25 Filing Fee	Ţ	S55 Filing Fee & Certified Copy							

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. Na		alypso C	Cultur	e, LLC	<u>,</u>		_	
2. (a)	2582 MAGUIRE RE Principal office address of limited liabilit (Note: MUST BE STREET ADDITIONAL PROPERTY AND P	y company:	_ (b)	Mai	MAG ling address of Note: MAY BE	limited liabil	ity comp	oany:
	OCDEE, FL 3476		 	Ocoee	F F C	3476	1 .	
3.	Date of filing/registration in Flo				Cocument num		·	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
5. (a)	Registered Agent and Registered Office shown of	n the records of th	e Florida D	Dept. of State:				
	Registered Office Address (MUST BE FLOR	IDA STREET AL	DDRESS)				~ .	
	3030 N ROCKY POINT DR						2019 AUS	
	STE 150A						<u>≥</u>	i i
	TAMPA, FL 33607	, FL_					<u>75</u>	1 fj
	Registered Agents Inc						-2	23
(b)	Enter name of NEW Registered Agent and/or N		Mice addr	.wcc.			8 ነ ነው።	; 1 ⁷
	Enter hand of the W Registered Agent and of the	EW Registered	Jijice addi	Caa.			<u>.</u>	
	7901 4th St N						$\frac{\infty}{t}$	
	NEW Registered Office Address:							
	STE 300							
	St. Petersburg		33702					
signa I here provisithe oblito mere	imited liability company is not organized ange or changes are made, the Florida strowill be identical. Or, in the case of a Florere authorized by an affirmative vote of the icles of organization or the operating agreement of a member or authorized representative of a hy accept the appointment as registered of ions of all statutes relative to the proper of ligations of my position as registered age lely reflect a change in the registered officed in criting of this change.	under the laws eet address of t ida limited liab he members of cement of the li	s of the S he registe bility con the limit imited lia	ered office an apany, it is hed liability compa	nd the busing ereby confirm ompany or a siny. Confirm of the confirm of the confirmed or typed to the confirmed or typed	ess office of med that the sotherwise TOHA name of signal agree to contract to the sound of the	of the received provide	egistered ge(s) ded in
50	Bill Havre	- Assistant	Secreta	ary				

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

Signature of Registered Agent