Division of Corporations Electronic Filing Cover Sheet

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(((H18000327646 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Pax Number : (561)694-1639

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

Email Address:

LLC REGISTERED AGENT CHANGE CALYPSO TOURS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

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Electronic Filing Menu

Corporate Filing Menu

Help

TO: Registration Section

COVER LETTER

Divi	sion of Corporations						
SUBJECT:	CALYPSO TOURS, LLC						
SCHOLET.	Name of Limited Liability Company						
Dear Sir or N	Madam;						
The enclosed	d Registered Agent/Registered Off	ice Change	and fee	e(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to	the fol	lowing:			
Lauren Ur	nderw∞d						
	Name of Person						
	Firm/Company						
11380 Pro	osperity Farms Rd #221E						
	Address						
Palm Bea	ch Gardens, FL 33410						
	City/State and Zip Code						
govdocs@	corpcreations.com						
E-mail	address: (to be used for future ann	ual report n	otifica	tion)			
For further is	nformation concerning this matter,	please call:					
Lauren Un	derwood	561		694-8107			
	Name of Person			Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	SEET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enc	losed is a check for the following	amount:					
2 \$2	25 Filing Fee	۵	\$55 I	Filing Fee & Certified Copy			
INHS18 (2/14	•)						

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.

ι.	Na	me of the limited liability company: CALYPSO 10	JURS,	. L				
2.	(a)	Principal office address of limited liability company:	((b))	Mailing address of limited	l liability com	pany:
		(Note: MUST BE STREET ADDRESS)				(Note: MAY BE POST		
		728 SPINNAKERS REACH DRIVE	_		728 SPI	NNAKERS REAC	H DRIVE	
		PONTE VEDRA BEACH, FL 32082	_		PONTE	VEDRA BEACH,	FL 32082	2
		09/13/2018		ļ	L1800021	18855		
3.		Date of filing/registration in Florida	4.	-		Document number		
5	(a)	UNGER, KATHY						
٠.	(4)	Registered Agent and Registered Office shown on the records of t	he Florio	da	Dept of State	- e:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-		<u></u>	
		728 SPINNAKERS REACH DRIVE						8 Z
ሴ		PONTE VEDRA BEACH , FL	32082	2		· -		NOV 14 AM
	(b)	Corporate Creations Network Inc.					: :	
	•	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ıdd	ress:	-		H 6: 5
		NEW Registered Office Address:				-	5-	י ככי
		11380 Prosperity Farms Road #221E				_		
		Palm Beach Gardens , FL	33410	0		_		
the age wa	cha ait v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg ibility of fithe lin	gisi coi mi	tered office mpany, it is ited liability	e and the business off s hereby confirmed the v company or as other	fice of the r hat the char	egistered
\overrightarrow{a}	12	lein	La	ŧШ	ren Unde	rwood, Attorney-i	n-Fact	
Signature of a member or authorized representative of a member		_	Printed or typed name of signee					
I h pro the to i no!	erei visi obli nere ified	by accept the appointment as registered agent and agri- ons of all statutes relative to the proper and complete igations of my position as registered agent as provided tly reflect a change in the registered office address, I h I in writing of this change.	ee to ac perform I for in tereby (ct na C co	in this cape ince of my o hapter 605 infirm that i	acity. I further agree duties, and I am fami i, F.S. Or, if this doc the limited liability o	to comply liar with a ument is be ompany ha	with the nd accept sing filed is been
Sig	natu:	Lauren Underwood, Special Secre	tary					

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