(((H230000099163)))



H230000099163ABC/

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

5: 14

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

Fmail	Address:		
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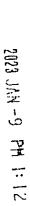
## LLC REGISTERED AGENT CHANGE CALOOSA INVESTMENT HOLDINGS LLC

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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. Na	ome of the limited liability company: Caloosa	Inves	stment	Holdings LL	<u>C</u>	
2. (a)		(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)			
		<del></del>				
	01/03/23		L2300	0006232		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	GUY, CHRISTOPHER					
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	e:		
	3265 CYPRESS LEGENDS CIRAPT	533		_		
	Registered Office Address (MUST BE FLORIDA STREET			25		
				_	-	2023 、
	FORT MYERS E	33905				JAN.
				-	, i −: .1 −:	9
(b)	Northwest Registered Agent I			-	71-7	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Оптерада	Iress:		i C	<del></del>
	7901 4th St N					22
	NEW Registered Office Address	<del></del>		_		
	STE 300			-		
	St. PetersburgFI	33702		-		
the cha agent was/we the arti	imited liability company is not organized under the lainge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regis ability co of the limi limited li	tered office mpany, it is ted liabilit	e and the business offic s hereby confirmed that y company or as otherw ipany.	e of the re t the chang vise provid	gistered ge(s)
-	ture of a member or authorized representative of a member			Printed or typed name of si		
provisi the obl to mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide By reflect a change in the registered office address, I I'in writing of this change.	ree to act performa d for in C hereby co	in this cape ince of my hapter 605 infirm that	acity. I further agree to duties, and I am familio , F.S. Or, if this docun the limited liability con	o comply v ir with and nent is bein npany has	vith the d accept ng filed been

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

Taylor Newman - Assistant Secretary

Signature of Registered Agent