L23000035450

(Requestor's Name)						
(Address)						
(Address)						
(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
-						

Office Use Only



700408252297

05/08/23--01021--022 **25.00

FILED
2029 HAY -8 PM 1:52
SECRETARY OF STAFF

COVER LETTER

SUBJECT: FREEDOM MEDICAL AND MARINE SOLU			
Name of Limi	ted Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change	e and fec(s) are submitted for filing.		
Please return all correspondence concerning this matter to	o the following:		
Frank Aloia			
Name of Person	·		
Aloia, Roland, Lubell & Morgan PLLC			
Firm/Company			
2222 Second Street			
Address			
Fort Myers, FL 33901			
City/State and Zip Code			
divisionofcorporation@lawdefined.com			
E-mail address: (to be used for future annual report	notification)		
For further information concerning this matter, please cal	l:		
Frank Aloia 239	791-7950		
Name of Person	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 amount:			
■ \$25 Filing Fee	\$55 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.

1. Na	ame of the limited liability company:	CAL AN	D MARIN	E SOLUTIONS LL	.C
2. (a)	2651 Park Windsor Drive	(b)	2651 Parl	k Windsor Drive	
~· (···)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (%	·		mited liability company: POST OFFICE BOX)
	Suite 203		Suite 203		
	Fort Myers, FL 33901		Fort Myer	rs, FL 33901	
	1/19/2023	1	.23000035	950	
3.	Date of filing/registration in Florida	4.		Document numb	per
5. (a)	Bruce H. Vanderlaan Attorney At Law, PA				
J. (ii)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of Sta	te:	
	Bruce H. Vanderlaan Attorney at Law, PA				
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	-		
	1500 Royal Palm Square, Suite 101				200
	Fort Myers , FL ³	3919			FI 2023 HAY TALLAHI
(b)	Frank J. Aloia, Jr.			_	SE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ress:		2 D
	Frank J. Aloia, Jr.			_	PM 1: 5% SEE. FLORM
	NEW Registered Office Address:				DA P
	2222 Second Street				
	Fort Myers, , F1.3	3901		_	
change agent was/we the arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistered ility con the limi mited li	d office an npany, it i ted liabili	nd the business office the confirmation of the confirmation or as in pany.	fice of the registered ed that the change(s) otherwise provided in
provisi the obl to mer	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- igations of my position as registered agent as provided , ely reflect a change in the registered office address, I he d in writing of this change.	to act in act in arternation for in Contract con	in this cap nce of my hapter 60, nfirm that	oacity. I further a duties, and I am j 5, F.S. Or, if this the limited liabili	gree to comply with the familiar with and accept document is being filed ity company has been

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

INHS18 (2/14)

Signature of Registered Ag