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COVER LETTER

Division of Corporations		
SUBJECT: CAMEN A. ARIDAS P.A. Name of Limited Liability Company		
Name of Limited Endinty 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:		
CATMEN A ARISAS Name of Person		
CATMEN A. ATIDAS PA Firm/Company		
7719 WINTER GATDEN FL Address		
34787		
City/State and Zip Code CATHEN ARIDAS 850 GMAIL. COM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
CAPMEN AR 18A5 at (321) 662-8352 Name of Person Area Code & Daytime Telephone Number		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		
Enclosed is a check for the following amount:		

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

TO:

Registration Section

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. N	Name of the limited liability company: CALA REAL ESTATE 3 LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 7719 HINUTE HEN LOOP Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WINTER GARDEN FLORIDA WINTER GARDEN FLORIDA
	34787
	2/27/2023 223000102658
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:
(•
	130 RELINGTON Drive
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Suite 1000
	Oviedo ,FL 32765
	· · · · · · · · · · · · · · · · · · ·
(b	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	7719 MINUTEHEN COUP
	NEW Registered Office Address:
	WNTER GARDEN, FL 34787
If the	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
chang	ge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/v	were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ricles of organization or the operating agreement of the limited liability company.
the at	
Sign	Danture of a member or authorized representative of a member CATHEN A RIDAS Printed or typed name of signee
provi the or to me	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed wrelly reflect a change in the registered office address. I hereby confirm that the limited liability company has been ad in writing of this change.
Signa	ture of Registered Agent