L98000029902

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16 NOV -3 AM 9:59

NOV 04 2016

J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALLUCIA, LLC
Name of Limited Liability 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:

KARL MUENZBERGER
Name of Person

DSM TECHNOLOGY CONSULTANTS, LLC
Firm/Company

6810 NEW TAMPA HIGHWAY
Address

LAKELAND, FL 33815
City/State and Zip Code

KMUENZBERGER@DSM.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARL MUENZBERGER at (863) 802-8888
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 NOV -3 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 25, 2016

KARL MUEHLRERGER
6810 NEW TAMPA HIGHWAY
LAKELAND, FL 33815

SUBJECT: CALLUCIA, LLC
Ref. Number: L98000002902

We have received your document for CALLUCIA, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Date of filing & document number is missing. Please correct 5 (a&b).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 216A00022858

16 NOV -3 AM 9:59

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. Name of the limited liability company: CITRICIA, LLC

2. (a) 6810 NEW TAMPA HWY
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
LAKELAND, FL 33815

(b) 6810 NEW TAMPA HWY
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
LAKELAND, FL 33815

3. ~~10/30/2009~~ 11/30/98
Date of filing/registration in Florida

4. L98000002902
Document number

5. (a) CORPORATE CREATIONS NETWORK INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
11380 PROSPERITY FARM ROAD #221E
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
PALM BEACH GARDENS, FL 33410

(b) CLARK, CAMPBELL, LANCASTER & MUNSON P.A.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
500 SOUTH FLORIDA AVE
NEW Registered Office Address:
SUITE 800
LAKELAND, FL 33801

15 NOV -3 AM 9:

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

L.H. MUENZER-ROCK
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INHS18 (2/14)