

MO3 000004039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

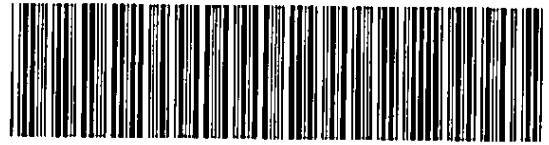
(Document Number)

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*cf*



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2022 AUG 22 PM 12:09

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2022

214

Please note correct  
street address

JAMES R. FRENEY \*\*\*2ND MAILING  
514 JAMAICA LN  
PALM BEACH, FL 33480

SUBJECT: CALLISTO PARTNERS LLC  
Ref. Number: M03000004039

We have received your document for CALLISTO PARTNERS 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):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 522A00016402

OFFICE OF  
TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Callisto Partners LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James R. Freney  
Name of Person

Callisto Partners LLC  
Firm/Company

214 Jamaica Lane  
Address

Palm Beach, FL 33480  
City/State and Zip Code

jim.freney@callistopartners.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

James R. Freney at (415) 205-9183  
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

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

(previously sent)

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Callisto Partners LLC

Enter new principal office address, if applicable:

(Principal office address

MUST BE A STREET ADDRESS)

515 N. Flagler Drive  
Suite P-300  
West Palm Beach, FL 33401

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

515 N. Flagler Drive  
Suite P-300  
West Palm Beach, FL 33401

2. The Florida document number of this limited liability company is:

MD3000004039

3. Jurisdiction of its organization:

Delaware

4. Date authorized to do business in Florida:

12/04/2003

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company:

(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>James R. Freney</u>	<u>214 Jamaica Lane</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Beach, FL 33480</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Michael J. Slocum</u>	<u>601 Heritage Drive</u>	<input type="checkbox"/> Add
		<u>Suite 217</u>	<input checked="" type="checkbox"/> Remove
		<u>Jupiter, FL 33458</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF STATE  
TALLAHASSEE, FL

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

James R. Freney  
Signature of the authorized representative  
James R. Freney  
Typed or printed name of signee