M16000002709

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





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COVER LETTER

Division of Corporations		
Calluna Properties, LLC SUBJECT:		
	of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	: Change and	I fee(s) are submitted for filing.
Please return all correspondence concerning this i	matter to the	following:
Heather Bown		
Name of Person		
Calluna Properties, LLC		
Firm/Company		
1349 Silvius Ave		
Address		
San Pedro Ca. 90731		
City/State and Zip Code		
heather.bown@gmail.com		
E-mail address: (to be used for future annua	l report notif	fication)
For further information concerning this matter, pl	ease call:	
Heather Bown	714	600 2770
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 ar	mount:	
■ \$25 Filing Fee	- \$	55 Filing Fee & Certified Copy
INHS18 (2/14) Cleck# 1726		

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	ame of the limited liability company:	rties, LLC			
2. (a)	Calluna Properties, LLC		(b) Calluna Properties, LLC		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing addres	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	4701 Bayview Dr		4701 Bayview Dr		
	Fort Lauderdale FL 33308		Fort Lauderdale FL 333	08	
	Jan 19, 2016		M16000002709		
3.	Date of filing/registration in Florida	4.	Document r	number	
5. (a)	John Easton			20	
()	Registered Agent and Registered Office shown on the records Easton Law	of the Flori	da Dept. of State:	2022 H.J.R - Toke	
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRE	<u> </u>	ज ज	
	Boca Raton	FL 33432			
(b)	Rosemary Rown			.9	
	Enter name of NEW Registered Agent and/or NEW Registe	red Office i	ddress:		
	NEW Registered Office Address:				
	4701 Bayview Dr				
	Fort Lauderdale	33308			

If the limit change change change was/vertee change change was/vertee change ch

r changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in unities of organization or the operating agreement of the limited liability company.

Heather Bown

Signature of a member authorized representative of a member

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