m21000012400

(F	Requestor's Name)					
(Address)						
(Address)						
(C	City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
	JOENNAS					
	SEP 200 2023					

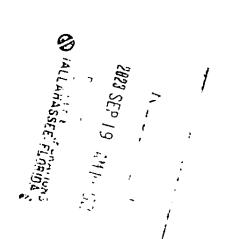
Office Use Only



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2023 SEP 19 AM 9: 55

FILED AM 9: 5



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:	CALTI FINANCIAL. LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	l Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning	ng this matter to the following:				
Name of Person					
COGENCY GLOBAL II	NC.				
Firm/Company					
115 North Calhoun Street,	Suite 4				
Address					
Tallahassee, FL 3230	01				
City/State and Zip Co	ode				
dlittwin@dugganbertsch					
E-mail address: (to be used for futur	e annual report notification)				
For further information concerning this m	atter, please call:				
	ot /				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS					
Registration Section	Registration Section Division of Corporations				
Division of Corporations Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the follo	wing 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.

i. Na	Name of the limited liability company:			CALTI FINANCIAL, LLC			
2. (a)	200 40001 41/5		(b)	360 LAGO	ON AVE.		
. 107				Mailing address of li	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	NAPLES, FL 3	4108		NAPLES, F	FL 34108		
	09/20/2021			M210000	12400		
3.	Date of filing/registration	n in Florida	- 4. <u>-</u>	Document numb	per		
5. (a)	DUGGAN	BERTSCH PLLC					
. ()	Registered Agent and Registered Office	shown on the records of	the Florida D	lept, of State:			
	875 109	TH AVENUE N.			202 :		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				3 SE		
	Suite 302						
	NAPLES	, FI	341	08	FILED 2023 SEP 19 AM 9: SECRETARY OF STA		
	_	<u> </u>			H B		
(b)	Cogency Global Inc.				9		
	Enter name of <u>NEW Registered Agent</u>	md/or <u>NEW Registeret</u>	l Office addro	ess:	ું જું જુ		
	115 North Calhoun Street, Suite 4						
	NEW Registered Office Address:						
	Tallahassee	, FI	323	301			
he cha igent w was/we	imited liability company is not org inge or changes are made, the Flor vill be identical. Or, in the case of ere authorized by an affirmative vo- cles of organization or the operati	ida street address of a Florida limited li ote of the members (f the registe iability com of the limite	ered office and the busines apany, it is hereby confirm ed liability company or as	is office of the registered and that the change(s)		
	/S/ James M. Duggan			James M. Du	James M. Duggan		
Signat	signature of a member or authorized representative of a member		-	Printed or typed no	Printed or typed name of signee		
provisio he obli o mere	by accept the appointment as regi- ons of all statutes relative to the p igations of my position as register by reflect a change in the register I'm writing of this change	stered agent and ag roper and complete ed agent as provide ed office address, l	ree to act in performan ed for in Ch hereby con	n this capacity. I further a ace of my duties, and I am apter 605, F.S. Or, if this firm that the limited liabil	igree to comply with the familiar with and accep document is being filed ity company has been		

Signature of Registered Agent

/S/ Sean Chase