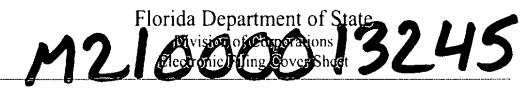
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000352822 3)))



H240003528223ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		
LINGAL	MUUI COO.		

## LLC REGISTERED AGENT CHANGE CALYPSO CAY, LLC

Certificate of Status	0
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Page Count	01
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Corporate Filing Menu

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## COVER LETTER . .

	egistration Section ivision of Corporations		
SUBJECT	Calypso Cay, LLC		
		Name of Limited	Liability Company
Dear Sir o	г Madam:		
The enclos	sed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.
Please rett	um all correspondence concerning	g this matter to the	e following:
Mary Cas	tillo		
	Name of Person		<del></del>
Registered	Agent Solutions, Inc.		
	Firm/Company		
Corporate (	Center One, 5301 Southwest Pkwy,	Ste 400	
	Address		
Austin, TX	78735	_	
-	City/State and Zip Cod	le	
E-ma	ail address: (to be used for future	annual report not	fication)
For further	r information concerning this mat	ter, please call:	
Mary Cast	tillo	888 at (	705-7274
	Name of Person		Area Code & Daytime Telephone Number
Ro Di P.	ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Er	nclosed is a check for the follow	ing amount:	
0	\$25 Filing Fee	<b>a</b> :	\$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.

1. N	lame of the limited liability company; Calypso Cay, L	LC					
2. (a)	5) LITTLE FALLS DRIVE (b)						
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company.  (Note: MAY BE POST OFFICE BOX)					
	WILMINGTON, DE 19808	WILMIN	GTON, DE 19808	<b>₹</b>			
	10/7/2021	M210000	13245				
3.	Date of filing/registration in Florida	4.	Document nun	ıber			
5. (a	CORPORATION SERVICE COMPANY						
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	ite:				
	1201 HAYS STREET						
	Registered Office Address (MUST BE FLORIDA STREET	_					
			. <u> </u>				
(b)	TALLAHASSEE .FI			<b>~</b> 3			
		2024 OCT 29					
	finier name of NEW Registered Agent and/or NEW Registered	1 Office address:			~	FEAR A	
	2894 Remington Green Ln.			PH	10 03 Lu		
	NEW Registered Office Address:		ار المستد المستدر المستدر المستدر المستدر	ن	(_		
	Ste. A		_	41.	<u>သ</u> 5		
	Tallahassee FI	32308	_				
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered office ar ability company, it i of the limited liabili	nd the business of is hereby confirm ty company or as	ffice of the	he regi he cha	istered nge(s)	
/s/	Benjamin Jones	Benjamin Jones	M	anager			
Sign	ature of a member or authorized representative of a member		Printed or typed n	iame of sig	nee		
provis the ob to mei	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I i d in writing of this change.	performance of my d för in Chapter 60.	duties, and I am 5, F.S. Or, if this	Jamiliar s docume	with a nt is b	ind accept eing filed	
	Mackanzia Hibler Aset Socre	etars.					

Signature of Registered Agent