N95000001122

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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07/13/23--01009--004 **35.00

ECRETARY OF STATE

4.00 2.3 2023



TO:

Amendment Section Division of Corporations

SUBJECT: CALUSA WATERKEEPER, INC.
Name of Corporation
DOCUMENT NUMBER: N95000001122
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NIKKI TINSLEY
Name of Contact Person
CALUSA WATERKEEPER, INC.
Firm/Company
2151 SE 20TH PL
Address
CAPE CORAL FL 33990
City/State and Zip Code
nikkiltinsley@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NIKKI TINSLEY at (443) 822-8285
Name of Contact Person Area Code & Daytime Telephone Number

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR EDTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617 ange is submitted for a corporation of er to change its registered office or re	rganized under the laws of the St	ate of FLDRIPA		
1. The name of	the corporation: CALUSA WATERK	EEPER, INC.			
	office address: 2151 SE 20TH PL, CA				
	address (if different): P.O. BOX 1165				
4. Date of incor	poration/qualification: 03/11/2019	Document number: No	95000001122		
	d street address of the current register artment of State: (If resigned, enter res	•	file with the		
	RUTH WATKINS		1		
	7217 COCA SABAL LN				
	FT MYERS, FL 33902				
6. The name an (if changed):	d street address of the new registered NIKKI TINSLEY	agent (if changed) and /or registo	erred office 2023 JU		
	2151 SE 20TH PL				
	CAPE CORAL FL 33990	O. Box NOT acceptable	3 PHI2:		
The street addr as changed wil	ess of its registered office and the st	reet address of the business offic	ce of its regulared agent,		
Such change wanthorized by t	vas authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or n notified in writing of the chan	by an officer so ge.		
Bruc	e Ruebon	BRUCE RUEBEN, PRESII	BRUCE RUEBEN, PRESIDENT		
•	ure of an officer or director	Printed or typed na			
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registered agen to comply with the provisions of all nd I am familiar with and accept the sing filed merely to reflect a change t as been notified in writing of this cha	nt and agree to act in this capact statutes relative to the proper a colligation of my position as refin the registered office address, inge.	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the		
حسيد	gnature of Registered Agent	7 110 200	23		
	chalf of an entity:				
	Typed or Printed Name	G FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)