

PO6000073711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 SEP 24 AM 10:54

SEP 28 2015

T CANNON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of business address

Name of Corporation

DOCUMENT NUMBER: P06000073711

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:

Jeffrey F. Calvert

Name of Contact Person

Calvert Corporation

Firm/Company

2813 S. Hiawassee Road #307

Address

Orlando, FL. 32835

City/State and Zip Code

jeff@calvertcorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Calvert

Name of Contact Person

at (407) 968 2498

Area Code & Daytime Telephone Number

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

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2015

JEFFREY F. CALVERT
CALVERT CLEANING SERVICES, INC.
2813 S. HIAWASSEE ROAD #307
ORLANDO, FL 32835 US

SUBJECT: CALVERT CORPORATION
Ref. Number: P06000073711

We have received your document for CALVERT CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Tina D Cannon
Regulatory Specialist II

Letter Number: 215A00017040

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Calvert Corporation
2. The principal office address: 2813 S. Hiawassee Road #307
Orlando, FL. 32835
3. The mailing address (if different): P.O. Box 1646
Windermere, FL. 34786 - 1646
4. Date of incorporation/qualification: 06/15/2006 Document number: P06000073711
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jeffrey F. Calvert
3218 East Colonial Drive, Suite G
Orlando, FL. 32803

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jeffrey F. Calvert
2813 S. Hiawassee Road #307
Orlando, FL. 32835

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

JF Calvert
Signature of an officer or director

JEFFREY F. CALVERT - PRESIDENT
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

JF Calvert
Signature of Registered Agent

09/22/15
Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)