

PROBATION 40769

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

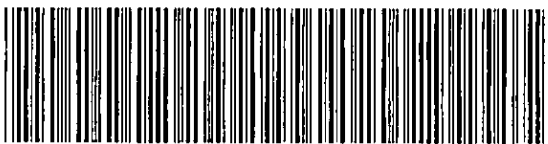
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AD

NO\$  
8/30/2024



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 5, 2024

MORITA TOLEDO B  
2184 PIGEON PLUM WAY  
N FORT MYERS, FL 33917

SUBJECT: CAIST, INC.  
Ref. Number: P08000040769

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

MONEY ORDER IS BEING RETURNED BECAUSE OF OVERPAYMENT OF FEE. THE FILING FEE IS \$35.00 & MONEY ORDER IS FOR \$70.00. PLEASE RESUBMIT WITH A PAYMENT OF \$35.00. ✓

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) 245-6000.

Rebekah Lefeavers  
Regulatory Specialist III

Letter Number: 924A00019921

**RECEIVED**  
**SEP 20 2024**

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CAIST INC  
Name of Corporation

DOCUMENT NUMBER: P08000040769

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:

MORITA TOLEDO B.

Name of Contact Person

Firm/Company

2184 PIGEON PLUM WAY

Address

N. FORT MYERS FL 33917

City/State and Zip Code

ata.mtb@gmail.com

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

For further information concerning this matter, please call:

MORITA TOLEDO

Name of Contact Person

at ( 786 ) 266-9121

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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.

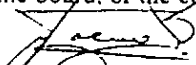
1. The name of the corporation: CAIST INC
2. The principal office address: 2184 PIGEON PLUM WAY - N.FORT MYERS FL 33917
3. The mailing address (if different): 2184 PIGEON PLUM WAY - N.FORT MYERS FL 33917
4. Date of incorporation/qualification: 04/22/2008 Document number: P08000040769
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD. SUITE 1050  
CORAL GABLES, FL 33134
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
MORITA TOLEDO  
2184 PIGEON PLUM WAY  
N. FORT MYERS, FL 33917

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.

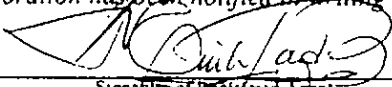
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

ISABEL TOLEDO BRUZUAL ( P )

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.

  
\_\_\_\_\_  
Signature of Registered Agent

8/29/2024  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

MORITA TOLEDO BRUZUAL

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 (04/13)