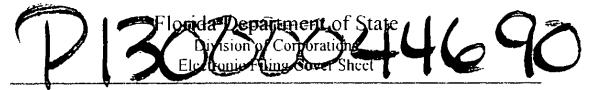
8/9/22, 8:52 AM

Division of Corporations



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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : PARANET CORPORATION SERVICES, INC.

Account Number : I20090000069 Phone : (800)277-9977 Fax Number : (800)815-0477

**Enter the email address for this business entity to be used for future:
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Email Address: Clongo@

clongo@linkhospitalitycorp.com



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To: Corporations

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

statement of ch	the provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this change is submitted for a corporation organized under the laws of the State of FLORIDA deep to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	of the corporation: CAL CONSULTING SERVICES, INC.
2. The principa MIAMI BEAC	al office address: 407 Lincoln Road, Suite - 2-K
3. The mailing	g address (if different): 465 NE 96TH ST, MIAMI SHORE, FL 33138
4. Date of inco	orporation/qualification: 05/20/2013 Document number: P13000044690
5. The name ar	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)
	LONGO, CRISTIAN
	6770 INDIAN CREEK, APT 5-R
	MIAMI BEACH, FL 33141
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office
	NRAI SERVICES, INC
	1200 SOUTH PINE ISLAND RD
	NRAI SERVICES, INC 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 PLANTATION, FL 33324 PLANTATION, FL 33324
The street address changed will	ress of its registered office and the street address of the business office of its registered agent,
Such change wathorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer so the hoard, or the corporation has been notified in writing of the change.
	What is the state of the state
l hereby accept I further agree of my duties, an document is bei corporation has	If the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this sing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.
Filipe	gnature of Healthred Agent Date
f signing on be	chalf of an entity:
	rawford - Assistant Secretary
	Typed or Frinted Name
	* * * FILING FEE: \$35.00 * * *
	Make checks payable to Florida Department of State Iail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(((H22000268371 3)))

CR2E045 (04/13)