

P15 0000 97265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

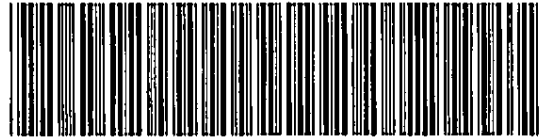
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA & RO change

02/11/22--01018--017 **25.00

03/08/22--01011--011 **10.00

STATE OF ARIZONA
DEPARTMENT OF REVENUE
TAX COLLECTOR

2022 MAR -7 AM 9:25

FILED

A. RAMSEY
MAR 08 2022

10.00
X 00789, 06342, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CALADIUM CATERING SERVICES INC
Name of Corporation

DOCUMENT NUMBER: P15000097265

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:

PAUL GRIMONDO
Name of Contact Person

Firm/Company

CALADIUM CATERING SERVICES INC
Address
17214 SALERNO DRIVE BRADENTON FL 34202
City/State and Zip Code

paul@corp.caterers.tampa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL GRIMONDO at (941) 518 7740
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR -7 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FL

February 22, 2022

PAUL GRIMMOND
CALADIUM CATERING SERVICES INC
17214 SALERNO DRIVE
BRADENTON, FL 34202

SUBJECT: CALADIUM CATERING SERVICES, INC.
Ref. Number: P15000097265

We have received your document for CALADIUM CATERING SERVICES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 622A00004321

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CALADIUM CATERING SERVICES INC
2. The principal office address: 17214 SALERNO DRIVE
BRADENTON FL 34202
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12.15.2015 Document number: P15000097265
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)

KOONTZ & PARKIN CPA

1613 FRUITVILLE RD

SARASOTA FL 34236

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

PAUL GRIMOND

17214 SALERNO DRIVE BRADENTON

P.O. Box NOT acceptable

FL 34202

FILED
2022 MAR -7 AM 9:25
DEPT. OF STATE
CORPORATION SERVICES

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.

Paul Grimon
Signature of an officer or director

PAUL GRIMOND DIRECTOR
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.

Paul Grimon
Signature of Registered Agent

3/1/22
Date

If signing on behalf of an entity:

PAUL GRIMOND

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)