P17000053061

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Document Namber)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





900371770469

08/18/21--01015--013 **192.50

18 12 3:22

R. 147 TT AUG 27 2021

COVER LETTER

Amendment Section

TO:

Division of Corporations

SUBJECT: CALMEL CORPORATION
Name of Corporation

DOCUMENT NUMBER: P17000053061

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:

TOSE R. CALDERON
Name of Contact Person

Firm/Company
3589 CONROY ROAD # 1004
Address
OPLAND FL 32839
City/State and Zip Code

Lagrany II a a Yahoo. Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOSE R. CALDERON
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

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

statement of cha	provisions of sections 607.0502, 617. inge is submitted for a corporation or er to change its registered office or reg	ganized un	der the laws o	f the St	ate of FL	ORIDA
1. The name of	the corporation: CALMEL CORPORA	ATION				
	office address: 2655 S US HWY 1793		BERRY, FL 32	707	<u> </u>	
3. The mailing a	address (if different):					
4. Date of incorporation/qualification: 06/16/2017 Document number: P1700005)61
5. The name and	d street address of the current registerentment of State: (If resigned, enter resi	ed agent an				
	JULIO MELO 4749 LEGACY OAKS	DRIVE, OF	RLANDO, FL	32839		
6. The name and (if changed):	d street address of the new registered a	agent (if ch	anged) and /or	registe	ered office	<u>.</u>
	JOSE R. CALDERON					·:
	3589 CONROY ROAD # 1024					بب در
	P.O. Box NOT acceptable ORLANDO, FL 32839					Š
The street addreas changed will	ess of its registered office and the strube identical.	eet address	of the busine	ss offic	ee of its re	egistered agent,
Such change wa authorized by the	as authorized by resolution duly ador ne board, or the corporation has been	pted by its i notified ir			=	
•	ne of an other or director			typed nar	ne and litte	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this chan	t and agree statutes relo obligation n the regist nge.	to act in this ative to the proof of my position ered office ad	capaci oper ai i as reg dress, i	ty. id comple istered as I hereby c	ete performance yent. Or, if this onfirm that the
HOSE /	nature of Registered Agent		08/12/	202 Date	21	
If signing on be	half of an entity:					
T	sped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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