P20 000051600

(Rec	questor's Name)	
(Add	iress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

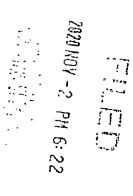
Office Use Only



600354384926

11/02/20--01022--014 **35.00

S. YOUNG



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Calcano Logistics Inc. Name of Corporation
DOCUMENT NUMBER: \$\beta 20000051600
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:
Joshua Calcano Name of Contact Person Calcano Logistics Inc. Firm/Company 2022 SW 15th Place Address Cape Coral, FL 33991 City/State and Zip Code Calcanologistics @gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Loshua Calcano at (786) 299 -0598 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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

•	provisions of sections 607.0502, 617.0502, 607.1508, or 6 inge is submitted for a corporation organized under the law		
	r to change its registered office or registered agent, or bot		
1. The name of t	office address: 2022 SW 15th Pla Cape Coral, FL 3 address (if different):	Inc.	
2. The principal of	office address: 2022 SW 15th Pla	(CE	
	Cage Coral, FL 3	3991	
3. The mailing ac	iddress (if different):		
4. Date of incorp	poration/qualification: $07/31/2020$ Document i	number: P2000051600	
	d street address of the current registered agent and registere rtment of State: (If resigned, enter resigned)	ed office on file with the	
	Joshua Calcano		
	1200 N. Liberty Ave. U		
	Homestend, FL 33034		•
6. The name and (if changed):	d street address of the new registered agent (if changed) and	d /or registered office	1
	Joshua Calcano Joshua Calcano JOJ2 SW 15th Place P.O Box NOT acceptable Cage Coral, FL 330	. 22	
	Cape Coral, FL 330	191	
The street address as changed will	ess of its registered office and the street address of the bube identical.		
Such change ya authorized byth	as authorized by resolution duly adopted by its board of che board, or the corporation has been notified in writing of	directors or by an officer so	
Aro	// / 16 >	a Calcaro, President	
l further agree to of my duties, and document-is-beir	the appointment as registered agent and agree to act in to comply with the provisions of all statutes relative to th ad I am familiar with and accept the obligation of my pos the filed merely to reflect a change in the registered offic speen notified in writing of this change.	this capacity. te proper and complete performance itton as registered agent. Or, if this e address, I hereby confirm that the	
	when Coland 10,	129/2020	
(]	nature of Registered Agent	Øate	
iisigning oo bel '	half of an entity:		
	hua Calcano yped or Printed Name		
*3	2 t 1 1 1 1 1 1 1 1 1		

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