

P94000050402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



500158527705

07/27/09--01019--011--**35.00

FILED
09 JUL 27 PM 1:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

60/68/7
7/1

COVER LETTER

TO: Amendment Section
Division of Corporations

Address
change only

SUBJECT: CALLADINE, INC.
Name of Corporation

DOCUMENT NUMBER: P94000050402

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:

ROBERT J. CALLADINE
Name of Contact Person

CALLADINE INC.
Firm/Company

21326 COAKLEY LANE
Address

LAND O' LAKES FL 34639
City/State and Zip Code

bob@fcmfl.com

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

For further information concerning this matter, please call:

ROBERT J. CALLADINE at (813) 948-8801
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT 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: CALLADINE, INC.
2. The principal office address: 21326 COAKLEY LANE
LAND O' LAKES FL 34639
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/7/1994 Document number: P94 000050402

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)

ROBERT J. CALLADINE
1537 DALE MABRY HWY
LUTZ FL 33548

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

ROBERT J. CALLADINE (no change).
21326 COAKLEY LANE
LAND O' LAKES FL 34639 (new address only)
P.O. Box NOT acceptable

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.

Robert J. Calladine
Signature of an officer or director

ROBERT J. CALLADINE, TREASURER
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.

Robert J. Calladine
Signature of Registered Agent

7/24/09
Date

If signing on behalf of an entity:

ROBERT J. CALLADINE
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 (8/05)

FILED
09 JUL 27 PM 1:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA