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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

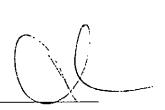
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*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

1	Address:				
C1111411	Addiess:				

REGISTERED AGENT CHANGE CALEDONIA REAL ESTATE INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00



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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of <mark>Florida</mark> registered agent, or both, in the State of Florida.	:
1. The name of	the corporation: CALEDONIA F	REAL ESTATE INC.	
	office address:		
3. The mailing a			
4. Date of incorp	poration/qualification: 03/31/20.	Document number: P11000031995	
	I street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with the resigned)	
	MUNROE, BRADLEY	<i>W</i> , Esq.	
	239 E.VIRGINIA ST.		
	TALLAHASSEE, FL 32	301	21
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and for registered office	2 022 DEC
	Registered Agents Inc	,	3
	7901 4th St N STE 300	P O Box NOT acceptable	AM 10:
	St. Petersburg FL 3370		: 5
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered	agent.
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.	
Bi-fray -	Parkers for restricter	Dotey L Robert - President	
		ent and agree to act in this capacity, all statutes relative to the proper and complete perfo- the obligation of my position as registered agent. Or e in the registered office address, I hereby confirm to hange.	rmance ; if this hat the
302 1 mm		12/13/2022	
	nature of Registered Agent	Date	
	half of an entity:		
Bill Havre	yped or Printed Name		
ı	ypea or rinnea (same		

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 * * *