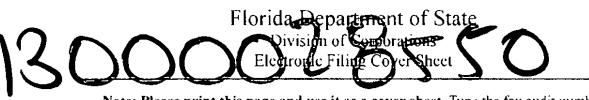
12/18/2020

Division of Corporations



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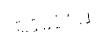
REGISTERED AGENT CHANGE CALDWELL AND KERR INC.

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Help



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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida annual submitted for a corporation organized under the laws of the State of per to change its registered office or registered agent, or both, in the State of F	Florida	1is
	the corporation: CALDWELL & KERR INC.		
	office address: 1521 Commerce Creek Blvd., Cape Coral, FL 33909		
	address (if different):		·
4. Date of incorp	rporation/qualification: 03/28/2013 Document number: P130000	28550	
	d street address of the current registered agent and registered office on file wartment of State: (If resigned, enter resigned)	ith the	
	Flammang, Donna M, Esq.	_	
	27200 RIVERVIEW CENTER BLVD., SUITE 310	_	20
	BONITA SPRINGS, FL 34134	_	2020 DEC
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of		
	C T Corporation System	•	AH IO:
	1200 South Pine Island Road	-	· Ö
	P.O Box NOT acceptable Plantation, Florida 33324	<u>.</u>	
The street addre	ess of its registered office and the street address of the business office of its dentical.	ts register	ed agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change.	officer so).
for bout	Joe LaDuke - Controller		
-	the appointment as registered agent and agree to act in this capacity. It the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and condition and familiar with and accept the obligation of my position as registered in filled merely to reflect a change in the registered office address. There is been notified in writing of this change. In System 1 12/16/2020		formance Or, if this 1 that the
——————————————————————————————————————	gnatule of Ragistered Agent Date		
If signing on be	chalf of an entity:		
	ryped 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)

By: