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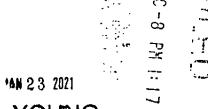
(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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12/08/20--01012--003 **29.00



S. YOUNG

COVER LETTER

TO: Registration Section

SUBJECT: Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change an	d fee(s) are submitted for filing.		
Please return all correspondence concerning this r	natter to th	e following:		
Jayanth Reddy				
Name of Person				
REDDY CAPITAL LLC				
Firm/Company	-			
2357-3 Tamiami Trail S #210				
Address				
Venice, FL 34293				
City/State and Zip Code				
jaykreddy27@gmail.com				
E-mail address: (to be used for future annua	l report no	ification)		
For further information concerning this matter, p	lease call:			
Jayanth Reddy	646 _ at (275-7170		
Name of Person	\	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following a	mount:			
■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		
INHS18 (2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	REDDY CAPITAL LLC	(b) REDDY CAPITAL
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2357-3 Tamiami Trail S #210	2357-3 Tamiami Trail S #210
	Venice, FL 34293	Venice, FL 34293
	11/18/2020	L20000365001
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on the records REDDY CAPITAL LLC	of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET 1601-1 N MAIN ST #3159	Z7321 DEC
	Jacksonville	FL 32206
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	red Office address:
	NEW Registered Office Address: 2357-3 Tamiami Trail S #210	
	Venice	FL 34293
chang agent was/w the art Sign I here provise the obto men	e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of a member or authorized representative of a member	laws of the State of Florida, it is hereby confirmed that after the the registered office and the business office of the registered illiability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company. Jayanth Reddy Printed or typed name of signce agree to act in this capacity. I further agree to comply with the ele performance of my duties, and I am familiar with and accepted ded for in Chapter 605, F.S. Or, if this document is being filed in I hereby confirm that the limited liability company has been