

P220000094165

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RED BARLO, INC.
Name of Corporation

DOCUMENT NUMBER: P22000094165

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:

Donna M. Stilwell, CPA, CFE

Name of Contact Person

Brinker Simpson & Company LLC

Firm/Company

1400 N. Providence Road, Suite 2000E

Address

Media, PA 19063

City/State and Zip Code

dstilwell@brinkersimpson.com

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

For further information concerning this matter, please call:

Donna M. Stilwell

Name of Contact Person

at (610) 885-0953

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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: Red Barlo, Inc.

2. The principal office address: 460 NE 28th Street, Unit 507, Miami, FL 33137

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/27/2022 Document number: P22000094165

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)

Corporate Creations Network Inc.
801 US Highway 1
North Palm Beach, FL 33408

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

Michael Mroue
460 NE 28th Street, Unit 507
Miami, FL 33137
P.O. Box NOT acceptable

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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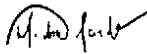
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Michael Mroue
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.


Signature of Registered Agent

10/30/2023
Date

If signing on behalf of an entity:

Michael Mroue
Typed or Printed Name

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