## P99000081178

(Re	equestor's Name)		
(Ac	idress)	<del></del>	
(Ac	idress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Nam	e)	
(Document Number)			
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SECRETARY OF STATE

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## TRANSMITTAL LETTER

	ion of Corporations		
•	*		
SUBJECT:_	RED RAIDER ENT	(Name of corporation)	<u>*</u>
DOCUMENT	r number: <u> </u>	00 81178	
The enclosed	Statement of Change of Registe	ered Office/Agent and fee	are submitted for filing.
Please return	all correspondence concerning	this matter to the following	3:
	CH	Name of person	
		(Name of person)	
	RED RAIDE	R ENTER PRISE (Name of firm/company)	s, Inc.
,	2470 Tom	OKA FRAMS (Address)	Rd.
	PORT DRI	19NGP FC 3	82128
*		(Dit). June und Eip Jour)	
For further in	formation concerning this matte	er, please call:	
	eri S. Sel (Name of person)	at (	386 322-500 3 (Area code & daytime telephone number)
Enclosed is a	\$35.00 check made payable to	the Department of State.	
<u> </u>	Mailing Address: Amendment Section Division of Corporations O. Box 6327 Callahassee, FL 32314		Street Address; Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## 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 RAIDER ENTERPRISES, Inc.
2. The principal office address: 2470 Tomoka Frams Rd.
PORT DRANGE, FL 32128
3. The mailing address (if different):
4. Date of incorporation/qualification: 9-7-99 Document number: P99000 81178
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CHERI G. LEE TO 8
3790 CARDINAL BLUD.
DAYTONA BEACH, FL 32127 POR P
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
——————————————————————————————————————
2470 Tomoka Frams Rd.  (P.O. Box or personal mailbox NOT acceptable)
<b>^</b>
PORT DRANGE, FL 32128
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 of director)  CHERICAL P.  (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.
Mari H La
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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