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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Red Group	LLC iability Company	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
Reuben Alcalay Name of Person		
7800 Congless Ave St. 206	20 MOV	OK SI
Bace Reha FL 33.48 City/State and Zip Code	W-1 PK	The River W
in to a america on land. Com E-mail address: (to be used for future annual report notification)		÷
For further information concerning this matter, please	e call:	
Reyber Alcalay at (5)	61 998.0904 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amou	nt:	
√S25 Filing Fee	\$55 Filing Fee & Certified Copy	

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

liability company submits the following statement in order agent, or both, in the State of Florida.	18, Florida Statutes, the undersigned limited to change its registered office or registered
1. Name of the limited liability company:	Group LLC
2. (a) Principal office address of limited liability company	: 7800 Congress Ave, St. 206
(Note: MUST BE STREET ADDRESS)	Boca Rahm FL 33487
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	-Samo-
	L05000070899
3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	ALCALAY EDAN
Registered Office Address:	7800 Congress AUSSI 06.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Registered Office address: David Alcala = = = = = = = = = = = = = = = = = =
If the limited liability company is not organized under the la	ws of the State of Florida, it is hereby
confirmed that after the change or changes are made, the Fla and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
Signature of a member or authorized representative of a member	
Edan Alcalay, MGRM	
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the project and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, fit this document is being filed to mercaddress, thereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00