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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			





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Morrie I. Levine

Morrie I. Levine Admitted FL and NY

Law Office of Morrie I. Levine, P.A.

3300 N. 29th Avenue Suite 104 Hollywood, Florida 33020 Tel: (954) 925-9000

Fax: (954) 925-9008

E-mail: info@morrielevine.com

March 22, 2021

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: RED PELICAN INVESTMENT LLC

Our File No.: 21-006 (C)

Dear Sir/Madam,

Please find enclosed the Division of Corporation's Cover Letter; Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company form; and our check #1476 in the amount of \$25.00 for full payment of the change of RED PELICAN INVESTMENT LLC's Registered Office and Registered Agent. If you have any questions or problems, please contact us at the telephone number above.

Very truly yours,

LAW OFFICE OF MORRIE I. LEVINE, P.

MORRIE I. LEVINE, ESQ.

MIL/msl

Enclosures

c.c.: RED PELICAN INVESTMENT LLC. (via E-mail only)

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	RED PELICAN INVESTMENT	LLC			
NOBJE		Name of Limited	Liability Company		
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing	g.	
Please r	eturn all correspondence concernin	g this matter to the	e following:		
Morrie I	. Levine				
	Name of Person		-		
	Firm/Company				
3300 N.	29th Avenue, Suite 104				
	Address				
Hollywo	ood, Florida 33020			-,	207
	City/State and Zip Co	de			021 MJR 25
_	orrielevine.com) (7. T. S.
E-	mail address: (to be used for future	annual report not	fication)		
For furt	her information concerning this ma	tter, please call:			
Morric I	. Levine	954 at (925-9000	ri di	-
	Name of Person		Area Code & Daytime Tel	ephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	see	
	Enclosed is a check for the follow	ving amount:			
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Co	ру	

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.

i.	Name of the limited liability company: RED PELICAN	INVEST	MENT LLC				
2. (a	a)		(b)				
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of lin	nited liabili POST OFFI	y compa CE BOX	my: O
	230-260 N BROADWALK, HOLLYWOOD, FL 33019		230 N BRO	OADWALK, HOLI	LYWOOD	, FL 33	019
	01/04/2011	<u> </u>	L110000008			.	
3.	Date of filing/registration in Florida	4.		Document number	er		
5. (Registered Agent and Registered Office shown on the records of MICHAEL GELMAN Registered Office Address (MUST BE FLORIDA STREET)		·	- e: -		~2	
	19390 COLLINS AVE, PH 07, SUNNY ISLES,			_	्रा चुं	921	
	, FI	33160			产	2021 MAR	17
(t	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	ddress:	-		25 Při l	
	MORRIE I. LEVINE					4: 14	
	NEW Registered Office Address:		-	_	;	•	
	3300 N. 29TH AVENUE, SUITE 104, HOLLYWOOD						
	, FI	33020		-			
chan agen was/	e limited liability company is not organized under the law ge or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited his were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the	registe ability c of the lin limited	red office and ompany, it is nited liability	I the business offi shereby confirmed y company or as o upany.	ce of the	register change	red r(s)
Sign	nature of a member or authorized representative of a member			Printed or typed nam	ne of signee		
provi the o to me	reby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I lied in writing of this change.	perforn	iance of my d	luties, ånd I am fa	ımiliar wi	th and .	accent
Signa	ture of Registered Agent						

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