

L130000044293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

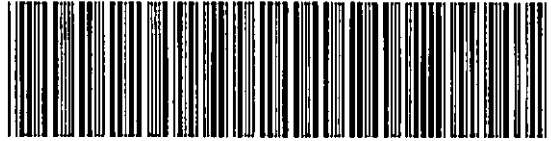
(Business Entity Name)

(Document Number)

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2022 NOV 22 AM 8:42

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TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Red Barn 381, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tam Ward

\_\_\_\_\_  
Name of Person

IWP Family Office

\_\_\_\_\_  
Firm/Company

PO Box 61020

\_\_\_\_\_  
Address

Denver CO 80206

\_\_\_\_\_  
City/State and Zip Code

fillings@iwpfo.com

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

For further information concerning this matter, please call:

Tam Ward

617

794-6783

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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 amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 NOV 22 AM 10:35

November 7, 2022

LEXIE PARKER  
IWP FAMILY OFFICE  
PO BOX 61020  
DENVER, CO 80206

SUBJECT: RED BARN 381, LLC  
Ref. Number: L13000044293

We have received your document for RED BARN 381, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 122A00024981

**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.*

1. Name of the limited liability company: Red Barn 381, LLC

2. (a) 9858 Clint Moore Road, Suite C-111 #209 (b) PO Box 61020

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Boca Raton FL 33496

Denver CO 80206

03/22/2013

L13000044293

3. Date of filing/registration in Florida 4. Document number

5. (a) Joshua Abrams  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
9858 Clint Moore Road, Suite C-111, #281

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Boca Raton, FL 33496

(b) Joshua Abrams  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

9858 Clint Moore Road, Suite C-111, #209

NEW Registered Office Address:

Boca Raton, FL 33496

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Joshua Abrams  
Signature of a member or authorized representative of a member

Joshua Abrams, Manager

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Joshua Abrams  
Signature of Registered Agent

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

FILED  
2022 NOV 22 AM 8:42  
TALLAHASSEE, FL  
SECRETARY OF STATE