Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000359113)))



To:	· · · · · · · · · · · · · · · · · · ·	-
10.	Division of Corporations Fax Number : (850)617-6383	ر بن انت انت
	FAX MUNDET . (050)017-0505	111 c
From:	Account Name : REGISTERED AGENTS INC.	<u>. </u>
	Account Number : I20090000081	
	Phone : (307)200-2803 Fax Number : (855)330-1010	
Enter the	email address for this business entity to be us report mailings. Enter only one email address p	ed for futu olease.**
. Email A	ddress:	

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

-O.SIMMONS

FEB 0 3 2020

Electronic Filing Menu

Corporate Filing Menu

Help

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

2. (a)	me of the limited liability company: Red Harvester LLC (b) Principal office address of limited liability company: Mailing address of limited liability company:								
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	5706 GOOD FRIENDS LANE		5706 G	OOD FRIENDS LANE					
	TAMPA, FL 33619		TAMPA,	FL 33619		-			
	01/28/2014		L14000014904						
3.	Date of filing/registration in Florida	4.		Document numbe	r				
5 ()	UNITED STATES CORPORATION AGENT	S, INC.							
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
	13302 WINDING OAK COURT		Σ	20					
	Registered Office Address (MUST BE FLORIDA STREET		EORETARY JESTAT TALLAHASSEE, FL	2020 JAN 31 AM 10: 48	و جائي ا ا المعنية				
	Α								
	TAMPA, F					<u> </u>	ruma Lacri		
	Registered Agents Inc.			AH io:					
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				FATE	8			
	7901 4th St N		1.1						
	NEW Registered Office Address:								
	STE 300								
	St. Petersburg	3370	2						
the cha agent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the of the regi liability c	State of Flo stered office ompany, it is nited liability	hereby confirme company or as 0	d that the	change	:(s)		

Signature of a member or authorized representative of a member 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.

Printed or typed name of signee

Bill Havre Assistant Secretary

Signature of Registered Agent