116000158389

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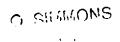


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COVER LETTER

TO: Registration Section Division of Corporations					
Red Button Escape, LLC SUBJECT:					
	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 m	natter to the	following:			
Mike Barton					
Name of Person					
Red Button Escape, LLC					
Firm/Company					
9705 W Sample Blvd					
Address		<u> </u>			
Coral Springs, FL 33065					
City/State and Zip Code					
contact@redbuttonescape.com					
E-mail address: (to be used for future annual	report notif	ication)			
For further information concerning this matter, ple	ase call:				
Mike Barton	801	7352680			
Name of Person	•• \	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 an	iount:				
\$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy			
INHS18 (2/14)					

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. N	ame of the limited liability company: Red Button Es	cape,	LLC	2	
2. (a)	9705 W Sample Blvd	(1	(b) 5145 NW 99th Way		
(_,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ``	-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Coral Springs, FL 33065		Cor	oral Springs, FL 33076	
	8/16/2016	_	L160	6000158389	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Butler, Travs W				
. (== /	Registered Agent and Registered Office shown on the records of the 5145 NW 99th Way	he Florid	a Dept.	ot. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	\$)	8 121 16	
	Coral Springs, FL	33065			
(b)	Mike Barton			<u> </u>	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	idress:	<u></u> ن کن نه	
	9705 W Sample Blvd				
	NEW Registered Office Address:				
	Coral Springs , FL	33065	 .		
the cha agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi bility c f the lir	istered ompar nited l liabili	ed office and the business office of the registere any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in illity company.	
Ci mai	Machine Osa No. 1) ature of a member or authorized representative of a member			MAHYEL BARTON. Printed or typed name of signee	
I here provis the ob to mer	thy accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided selv reflect a change in the registered office address, I had in writing of this change.	ee to ac perforn I for in sereby c			
218batt	ure of Registered Agent				