LITOCOS 101 Lelo

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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SECRETARY OF STATE

B FIGUEROA JAN 04 2018

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	ECT:	RED	ÓN	1COU W	- [
				Name of Life	med Li	ability Company	
Dear Si	ir or Mada	am:					
The enc	closed Re	gistered Agent	/Register	ed Office Chan	ge and	fee(s) are submitted for filing.	
Please r	return all	correspondenc	e conceri	ning this matter	to the f	following:	
(-	719	Cin	(0	1/3			
Name of Person							
Firm/Company							
1820 SW. 67 AVE							
Address							
PLANIATION, FL 33317							
City/State and Zip Code							
	<u> </u>	ress: (to be use	d for fun	re annual repor	t notifi	SIC. COM	
For furt	her inform	nation concert	ning this i	natter, please ca	ıll;		
GIA CINICOLLO 11(754, 516 2057							
		Name of Person	1			Area Code & Daytime Telephone Number	
	Registrat Division Clifton B 2661 Exe	COURIER A ion Section of Corporation suilding secutive Center sec. Florida 32	is Circle	SS:	Reg Div P.O	ALING ADDRESS: gistration Section ision of Corporations Box 6327 lahassee, Florida 32314	
Enclosed is a check for the following amount:							
S25 Filing Fee				S55 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.

Tiorida.
1. Name of the limited liability company: RED ON ROUGE LLC.
2. (a) 1820 SW 67AVE (b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
PLANTATION, FL3331) 1820 SW 67AVE
FC CALLY 12 12 12 12 12 12 12 12 12 12 12 12 12
FLANTAIDN FL 33317
Date of filing/registration in Florida L 17 0000 10 166 Document number
3. Date of filing/registration in Florida 4. Document number
5. (a) GIA M CINICOLLO
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1870 SW 67 AVE
PLANTATION FL 33317
(b) LAURANCE N PANADERD Enter name of NEW Registered Agent and/or NEW Registered Office address: A LAURANCE N PANADERD SAFETY OF SAFE
Enter name of NEW Registered Agent and/or NEW Registered Office address:
LAURENICE PANADERO
NEW Registered Office Address:
639 E DANIA BOH BLVD.
DANIA BEACH FL 33004
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 argicles of organization of the operating agreement of the limited liability company.
Cha Civicolla
Signature of a member or authorized representative of a member 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.
Signature of Registered Agent