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## **COVER LETTER**

Registration Section TO: Division of Corporations SUBJECT: REDHEAD WORKOUTS, 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: **AMY INGRAM** Name of Person REDHEAD WORKOUTS, LLC Firm/Company 8821 SW 103RD CIRCLE Address OCALA, FL 34481 City/State and Zip Code AZSTRAWBERRI@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (\_480 ) 518-2920 **AMY INGRAM** Name of Person Area Code & Daytime Telephone Number **Mailing Address: Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

■ \$25 Filing Fee

Enclosed is a check for the following amount:

## 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.

2. (a)	8821 SW 103RD CIRCLE		(b) 8821 SW 103RD CIRCLE					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	OCALA, FL 34481		<u>(</u>	OCALA,	FL 34481			
			_					·
_	APRIL 01, 2021		L18000191389					
3.	Date of filing/registration in Florida	4.			Document	number		
5. (a)	KENNETH L. INGRAM			_				
•	Registered Agent and Registered Office shown on the records of t	he Flor	ida De	ept. of Sta	te:			
	8821 SW 103RD CIRCLE					=1.	~	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<del>-</del>		021	
						LAHASSEI	2021 APR 29	•
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	OCALA , FL	34481			<u> </u>		9	1 
						T	7	
(b)	STACIA HENTZ				_	OF STATE EE. FLORIDA	PM II: 01	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	addro	<u>:ss</u> :			0-1	
	030					_		
	8821 Sw 1032d Circles				_			
	NEW Registered Office Address:							
	0 . 1		> i l i	uci	- <del>-</del>			
	Ocala ,FL		24	481	_			
change agent v was/w	imited liability company is not organized under the law c or changes are made, the Florida street address of the a will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	regist bility f the l imite	ered o comp imite d liab	office ar bany, it i d liabilit bility cor	nd the busings hereby co ty company npany.	ess office nfirmed t	of the :	registered change(s)
<u>ٽر</u> Signs	sture of a member or authorized representative of a member	_^	MY I	NGRAM	Printed or to	voed name	ofsignee	<del></del>
I here provisi the obi to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	verfor	manc	e of mv	acity. I furi duties, and	ther agre Lam fam	e to con iliar wi	nply with the

Signature of Registered Agent