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SECRETARY SELVEN

## **COVER LETTER**

TO: Registration Section Division of Corporations	
RED STRING LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
HARRY M SAMUELS	
Name of Person	<del></del>
REGISTERED AGENTS OF SOUTH FLORIDA INC	
Firm/Company	<del></del>
2901 STIRLING ROAD-STE 307	
Address	
FT LAUDERDALE, FL 33312	
City/State and Zip Code	
HARRY@SAMUELSACCOUNTING.COM	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please c	all:
HARRY M SAMUELS 9:	966-1350
Name of Person	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
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.

TRING LLC	
(b) 5730	) SW 44TH STREET
	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
DAV	/(E, FL 33314
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4.	Document number
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the registered officed liability company is of the limited liability the limited liability ADRIANA	
	L2000 4.  L2000 4.  ET ADDRESS)  FL 33314  Pered Office address:  Laws of the State the registered offid liability companies of the limited liability ADRIANA

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