## KZ1000159016

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



300365010363

04/29/21--01014--028 \*\*25.00

2021 APR 29 PM II: 01

Office Use Only

برميد

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	Red Coral Home Solutions LLC		
		me of Limited Lia	ability Company
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered O	ffice Change and f	ec(s) are submitted for filing.
Please r	return all correspondence concerning t	his matter to the fo	ollowing:
Michael	Brady		
	Name of Person		_
Red Cor	ral Home Solutions LLC		
	Firm/Company		_
2758 Ch	addsford Cicle Unit 100		
	Address		_
Oviedo.	FL 32765		
	City/State and Zip Code		
mbguasp	po2@gmail.com		
E-	mail address: (to be used for future an	nual report notific	ation)
For furtl	her information concerning this matter	, please call:	
Michael	Brady	407 at (	7950827
	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	g amount:	
	■ \$25 Filing Fee	<b>□</b> \$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 Coral Home S	Solutions	LLC			
2. (a)	2758 Chaddsford Circle	O	o)			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(		Mailing address of limited (Note: MAY BE POST	-	
	Unit 100					
	Oviedo, FL 32765	<del></del>				
	4/6/21		L210001590	016		
3.	Date of filing/registration in Florida	4.		Document number		
	UNITED STATES CORPORATION AGENTS, INC					
	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State	- e:		
	5575 S. SEMORAN BLVD.			$\Xi_{\epsilon}$	20	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) # 36			2021 APR	<del>-</del>   .	
	Orlando , FL	32822		29 \$\$} \$\$}		
	Michael Brady			E, FLORID	PH 11: 0	
ζ-,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	TE:	10	
	2758 Chaddsford Circle					
	NEW Registered Office Address:			-		
	Unit 100					
	Oviedo , FL	32765				
change igent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of clos of organization or the operating agreement of the l	registere bility co f the lim limited li	d office and mpany, it is ited liability iability com	I the business office of hereby confirmed the company or as other pany.	of the re at the cl	gistered hange(s)
1//	WWX 12 rall Mayuralles	Mich	ael Brady, M	lanaging Mbr		
	ure of a hieraber or authorized representative of a metaber			Printed or typed name of	~	
rovisio he obli o mere	ov accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change	e to act performa for in C ereby co	in this capa ince of my d hapter 605, nfirm that th	city. I further agree luties, and I am famili F.S. Or, if this docu he limited liability co	to comp iar with ment is mpany i	oly with the and accept being filed has been
Signatur	c of Registered Agent Buyley MUNICAN	4/24	(2)			

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