

L21000365061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

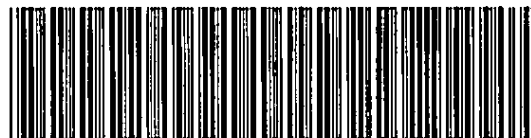
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/22/22--01030--006 ♦♦25.00

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2022 NOV 22 AM 7:11

SECRETARY OF STATE
TALLAHASSEE, FL

2/21/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAD STRAPS 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:

Corporate Maintenance Lead
Name of Person

Inc Authority, LLC
Firm/Company

1450 Vassar St
Address

Reno, NV 89502
City/State and Zip Code

docs@incauthority.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Processing Department at 800 638-2320
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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

TO: PHYSICAL: Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING: Dept. of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.
1450 Vassar St
Reno NV 89502
(800) 638-2320
(775) 329-0852

DATE: Friday, November 11, 2022

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Registered Agent/Registered Office Change
For **RAD STRAPS LLC**

We have included payment in the amount of ~~\$25.00~~ for the following fees:

- Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

**Please return the file stamped copy of Registered
Agent/Registered Office Change to the address below:**

Processing Department
1450 Vassar St
Reno NV 89502

**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. Name of the limited liability company: RAD STRAPS LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

8242 31ST TERR NORTH 8242 31ST TERR NORTH
ST PETERSBURG, FL 33710 UN ST PETERSBURG, FL 33710 UN

3. 08/13/2021 4. 08/13/2021 L21000365061
Date of filing/registration in Florida Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

SPRUILL, DANIELLE M
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
6405 46TH AVE NORTH
ST PETERSBURG, FL 33709

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TALLAHASSEE, FL

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Inc Authority RA
NEW Registered Office Address:
390 North Orange Ave., Ste 2300-N
Orlando, FL 32801

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 articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member JERAMIE L SPRUILL
Printed or typed name of signer

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