L21 (CC462565

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COVER LETTER

	egistration Section vivision of Corporations					
SUBJEC'	REGAL REDNECK, LLC					
GOBSEC		Name of Limited Liability Company				
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered C	Office Change and	I fee(s) are submitted for filing.			
Please ret	urn all correspondence concerning	this matter to the	following:			
GWENDO	DLY S. WAKEMAN					
	Name of Person		_			
REGAL R	EDNECK, LLC					
	Firm/Company					
750 HORS	SEMAN DRIVE					
	Address					
PORT OR	ANGE, FL, 32127					
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·				
GWEN@F	FLDAGRL.COM					
E-m	ail address: (to be used for future a	innual report notif	fication)			
For furthe	er information concerning this matt	er, please call:				
GWENDC	DLYN S. WAKMEN	386 at (852-4634			
	Name of Person		Area Code & Daytime Telephone Number			
R D P	lailing Address: Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E	nclosed is a check for the followi	ng amount:				
•	\$25 Filing Fee	□ \$	555 Filing Fee & Certified Copy			
INHS18 (2	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.

Principal office address of limited liability company: (b)	Nai	me of the limited liability company: REGAL REDNE	CK, LLC			
Principal office address of limited liability company: (Nate: MAST BE STREET ADDRESS) 750 HORSEMAN DR PORT ORANGE, FL 32127 OCTOBER 25, 2021 Date of filing/registration in Florida (a) DANIEL N WAKEMAN Registered Agent and Registered Office shown on the records of the Florida Dept. of State: FLORIDA Registered Office Address (AUST BE FLORIDA STREET ADDRESS) 12747 AVALON COVE DRIVE NORTH JACKSONVILLE. FL. 32224 (b) GWENDOLYN S. WAKEMAN Enter name of NEW Registered Agent and/or NEW Registered Office address: Cawen Colyn S. Nickeman MEW Registered Office Address: 750 HORSEMAN DRIVE PORT ORANGE Ft. 32127 Ethe limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a hange or changes are made, the Florida street address of the registered office and the business office of the registered in the distribution of the initial distributy company, it is hereby confirmed that than a street address of the registered office and the business office of the registered in organization or the operating agreement of the limited liability company or as otherwise provide he articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized expresentative of a member. GWENDOLYN S. WAKEMAN Finited or upped name of signee. Literally accept the appointment as registered agent and agree to act in this capacity. I further caree to company the company accept to the capacity. I further caree to company the large of a member of the limited liability company.						
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