

L 23000372277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

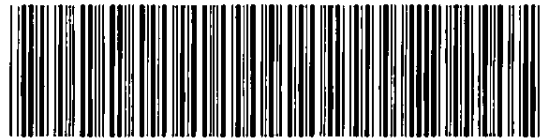
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SECRET
TALLAHASSEE, FLORIDA

2024 APR -2 PM 6:17

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**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: PROCONRED, LLC

2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*

(b) Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*

4903 REDSTONE DR

4903 REDSTONE DR

JACKSONVILLE, FL 32210

JACKSONVILLE, FL 32210

08/08/2023

L23000372277

3. Date of filing/registration in Florida

4. Document number

5. (a) DEAS, WILLIAM

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(**MUST BE FLORIDA STREET ADDRESS**)*

4903 REDSTONE DR

JACKSONVILLE, FL 32210

(b) SONIA CASTILLO GALINDO

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

2320 WELCOME LANE

JACKSONVILLE FL 32216

FILED
2024 APR -2 PM 6:17
TALLAHASSEE
FLORIDA
DIVISION OF CORPORATIONS

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.

William A. Deas
Signature of a member or authorized representative of a member

William A. Deas
Printed or typed name of signee

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

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROCONRED, 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:

SONIA CASTILLO GALINDO

Name of Person

PROCONRED, LLC

Firm/Company

2320 WELCOM LANE

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

BSA08072022@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SONIA CASTILLO at (904) 654-8645
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