L24000203999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
OCT 15 2025

Office Use Only

200459529652

RECEIVED
2025 OCT 15 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2025 OCT 15 PM 12:07

Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
850.656.7953

REQUEST DATE 10/15/2025 **PRIORITY** Regular Approval **OUR REF #_(Order_ID#)** 1417844

ORDER ENTITY
REDEEMED OPERATIONS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
REDEEMED OPERATIONS LLC (FL)

File the attached change of agent document

NOTES:
$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

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: REDEEMED OPERATIONS LLC

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

7901 4TH ST. N., Ste 300

St. Petersburg FL 33702

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

7901 4TH ST. N., Ste 300

St. Petersburg FL 33702

3. Date of filing/registration in Florida: 5/01/2024

4. Document number: L24000203999

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

Registered Agents Inc.

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

7901 4th St N, Ste 300

St Petersburg, FL 33702

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DIVISION OF CORPORATIONS

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

Registered Agent Solutions Inc.

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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

Jennifer Garland
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.

Debbie Payne
Signature of Registered Agent

Assistant Secretary

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

INHS18 (2/14)