

L24000232120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

08/23/24--01013--008 ••25.00

(Business Entity Name)

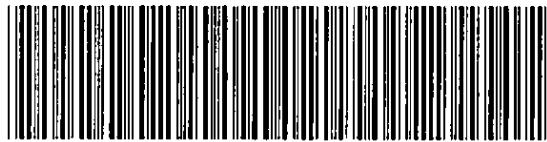
(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 27 2024

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Filing Date

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RED, WHITE, & CRUISE 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:

CAMILLE WELCHEL

Name of Person

RED, WHITE, & CRUISE LLC

Firm/Company

8407 COQUINA AVE

Address

FORT PIERCE, FL 34951

City/State and Zip Code

CAMILLE00007@AIM.COM

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

For further information concerning this matter, please call:

CAMILLE WELCHEL 772 at (643-5846)) Area Code & Daytime Telephone Number
Name of Person

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

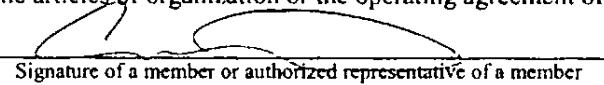
\$55 Filing Fee & Certified Copy

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:	RED, WHITE, & CRUISE LLC		
2. (a) 8407 COQUINA AVE	Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	(b) 8407 COQUINA AVE	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
	FORT PIERCE, FL 34951		FORT PIERCE, FL 34951
MAY 20, 2024			
3. Date of filing/registration in Florida	4.	Document number	
5. (a) SHANE BOWDOIN	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1440 5TH AVE		
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>			
VERO BEACH, FL 32960			
(b) CAMILLE WELCHEL	Enter name of <u>NEW</u> Registered Agent and/or <u>NEW</u> Registered Office address:		
8407 COQUINA AVE			
NEW Registered Office Address:			
FORT PIERCE, FL 34951			

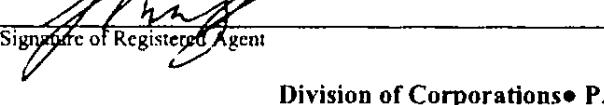
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

CAMILLE WELCHEL

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

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2024 AUG 23 AM 11:34