M13000002721

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DATE:

2/18/2015

NAME: REDVECTOR.COM, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, Florid company submits the following statement in order to chan both, in the State of Florida.	ge its registered office or regi	siereu c	liability agent, or	
1. Name of the limited liability company: REDVECTOR	R.COM, LLC	er er		
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	4890 W. KENNEDY BLVD. SUITE	740	313	
	TAMPA, FL 33609	-		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4890 W. KENNEDY BLVD. SUIT	`. <u></u> .	<u></u>	
	TAMPA, FL 33609			
April 30, 2013	M13000002721			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept	. of Stat	te:	
Registered Agent:	TK REGISTERED AGEN	r, inc.		
Registered Office Address:	101 E. KENNEDY BLVD. SUITE 2700			
	TAMPA, FL 33602			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	National Corporate Research	ı, Ltd., lı	nc.	
NEW Registered Office Address:	155 Office Plaza Drive			
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	_,FL_323	301	
If the limited liability company is not organized under the I confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	orida street address of the regical. Or, in the case of a Floric	istered d da limit	office ed	
Signature of a member or authorized representative of a member				
R. Kevin Adame K Printed or typed name of signee	-			
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the proand I am familiar with and accept the obligations of the process o	gree to act in this capacity. I pper and complete performant sition as registered agent as p rely reflect a change in the re y has been notified in writing o	further convicted for the second seco	agree to duties, for in office hange.	

Signature of Registered Agent Sean Honan, Assistant Secretary

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