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COVER LETTER

TO: Registration Section

Division of Corporations		· ·			
SUBJECT: RadRave Industries, 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 i	matter to the	following:			
Cameron Smith		•			
Name of Person		_			
RadRave Industries, LLC					
Firm/Company		_			
1433 N. Main St.					
Address		_			
Ofallon, MO 63366					
City/State and Zip Code		_			
salestax@taxmantoyou.cor					
E-mail address: (to be used for future annua	l report notif	ication)			
For further information concerning this matter, pl	ease call:				
Cameron Smith	at (719	, 646-2999			
Name of Person	\	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following an	mount:				
□ \$25 Filing Fee	□ Si	55 Filing Fee & Certified Copy			
INHS18 (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

	RadRave Industries, LLC				
1. Name of the limited liability company:			00 N Academy B	lvd Ste 205	
2. (a) 1433 N Main St. Principal office address of limited li	iability company:	(b) <u>200</u>	Mailing address o	if limited liability company.	
Principal office address of finited in (<u>Note: MUST BE STREET.</u>	ADDRESS)		·	E POST OFFICE BOX	
Ofallon, MO 63366		Col	orado Springs,	CO 80917	
		М15	000003649		
05/06/2015	n Florida	4.	Document nu	mber	
3. Date of filing/registration i		,,			
5. (a) Northwest Registered Agent, L	LC	Florida Dent 0	 f State:		
Registered Agent and Registered Office sho		Lifting Debt.	,		
3030 N. Rocky Point Drive		DEECC)			
	FLORIDA STREET AD	DREAD!			
Suite 150A				- 19	
Tampa	FL_3	3607		in in the same of	
(b) Registered Agents Inc. Enter name of NEW Registered Agent and	for NEW Registered Of	Tice address:		HAY -6	
7901 4th St N				₽ ₽ ©	
NEW Registered Office Address:				=	
STE 300					
St. Petersburg	, FL_3:	3702			
If the limited liability company is not organithe change or changes are made, the Florida agent will be identical. Or, in the case of a was/were authorized by an affirmative vote the articles of organization or the operating	street address of the Florida limited liabi of the members of the agreement of the lin	e registered o lity company. he limited lial	it is hereby confirmability company or a company. Smith	med that the change(s) s otherwise provided in	
Signature of a member or authorized representative	of a member		Printed or typed i	name of signee	
I hereby accept the appointment as register provisions of all statutes relative to the proposition as registered to merely reflect a change in the registered multifed in spriting of this change. Bill Havre Signature of Registered Agent	ed agent and agree wer and complete per agent as provided fo office address, I her - Assistant S	or in Chapter eby confirm t	capacity. I further my duties, and I an 605, F.S. Or, if thi hat the limited liah	agree to comply with the a familiar with and accept is document is being filed allity company has been	

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