(Paguastaria Nama)							
(Requestor's Name)							
()	(Address)						
(Address)							
(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(1	Business Entity Name)						
(1	Document Number)						
Certified Conies	Certificates of	Status					
Certified Copies Certificates of Status							
Special Instructions to Filing Officer							
	<u></u>						

Office Use Only



200376181112

DEC 22 7011 ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

322305

.......

REFERENCE :

COST LIMIT : \$ 25.000

ORDER DATE: December 13, 2021

ORDER TIME : 1:58 PM

ORDER NO. : 322305-010

CUSTOMER NO: 8128162

CHANGE OF AGENT

NAME: RED TARGET LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section Division of Corporations	
RED TARGET LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	c Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Marian Meyer	
Name of Person	
Red Target	
Firm/Company	.
17507 S DuPont Highway	
Address	
Harrington, DE 19952	
City/State and Zip Code	
marian@scjinc.net	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, pl	ease call:
Nancy Neal	631 393-5722 at ()
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 an	nount:
■ \$25 Filing Fee	☐ S55 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 Florida.

1.	Nε	me of the limited liability company:	-rc			
7	(a)	17507 S. Dupont Highway	(b	17507 S.	Dupont Highway	
_,	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited lia (Note: MAY BE POST O	
		Harrington, DE 19952		Harringto	n, DE 19952	
		02/10/2020		M2000000)1620	
3.		Date of filing/registration in Florida	4.	•	Document number	
5	(a)	Corporate Creations Network Inc.				
٠.	(4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	– e :	200
		801 US Highway 1				
		Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS,		-	2021 (5 21
						5
		North Palm Beach , FL	33408		-	<u> </u>
					_	بي. 0 0 0
	(b)				-	07
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:		
		Corporation Service Company				
		NEW Registered Office Address:			-	
		1201 Hays Street		· ·	_	
		Tallahassee	32301			
ch ag wa	ange ent w is/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	registered ability core of the limi limited lis	I office and npany, it is ted liability	d the business office of shereby confirmed that y company or as otherw	the registered the change(s)
	Signat	ure of a member or authorized representative of a member			Printed or typed name of sig	gnce
the to no	ovisie obli mere tifieo	ny accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have the control of this change.	performa I for in Ci iereby coi	ice of my a lapter 605, lfirm that t	luties, and I am familiai , F.S. Or, if this docum he limited liability com	comply with the r with and accept ent is being filed pany has been

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