From: David Thomas

4/19/24, 11:24 AM

Division of Corporations

## lorida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000143064 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE REDWIRE HOLDINGS, LLC

Certificate of Status	0
Certified Copy	. 1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

12122023573

## 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.

I. Ni	ame of the limited liability company: Redwire Holding	s, LLC	
2. (a)	8226 PHILIPS HWY STE 101	(b	8226 PHILIPS HWY STE 101
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Muiting address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
•	JACKSONVILLE, FL 32256	<del>.</del> :	JACKSONVILLE, FL 32256
	01/17/2023	<del>-</del> .	M23000000580
٠.	Date of filing/registration in Florida	4.	Document number
. (a)	CORPORATION COMPANY OF ORLANDO		
. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
(b)	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u> </u>
	300 SOUTH ORANGE AVENUE, STE 1600		<del></del>
	ORLANDO	,	~~
	C T Corporation System		
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	2024 AFR 19
	NEW Registered Office Address:		—————————————————————————————————————
	1200 South Pine Island Road		
	Plantation	33324	ਹ
		·	<del></del>
ne cha gent v vas/wa	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regise ability constitution of the limited l	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
	ture of a member or authorized representative of a member		Printed or typed name of signee
here rovisi he obi o mer otifie	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.  CT Corporation System ( IMMIN) I ( IM Christin M.	ree to act performe d for in C hereby co	in this capacity. I further agree to comply with the tnce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is heing filed infirm that the limited liability company has been
y:	Assistant Society of Registered Agent		

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