

N 23000011291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

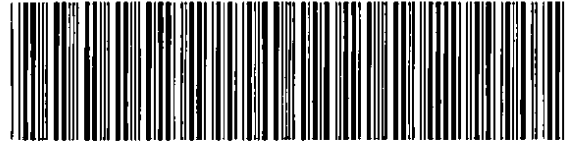
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• **COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** REDEMPTION ROW INTERNATIONAL CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** N23000011291

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

MARVIN C KELMAN JR

Name of Contact Person

REDEMPTION ROW INTERNATIONAL CORPORATION

Firm/Company

1816 W GADSDEN STREET

Address

PENSACOLA, FL 32501

City/State and Zip Code

CKELMAN@REDEMPTIONROW.COM

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

For further information concerning this matter, please call:

MARVIN C KELMAN JR at ( 850 ) 316-4992  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: REDEMPTION ROW INTERNATIONAL CORPORATION
2. The principal office address: 1816 WEST GADSDEN ST, PENSACOLA, FLORIDA, 32501
3. The mailing address (if different): PO BOX 17583, PENSACOLA, FLORIDA, 32522
4. Date of incorporation/qualification: 09/18/2023 Document number: N23000011291
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MARVIN C KELMAN JR

7901 4TH ST N, SUITE 17093

ST PETERSBURG, FL 33702

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARVIN C KELMAN JR

1816 WEST GADSDEN ST

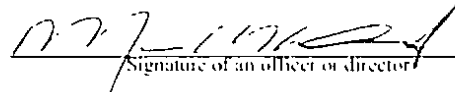
P.O. Box NOT acceptable

PENSACOLA, FLORIDA, 32501

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DIVISION OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

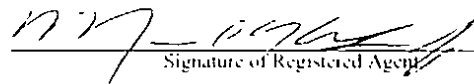
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

MARVIN C KELMAN JR

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

11/08/2023

Date

If signing on behalf of an entity:

MARVIN C KELMAN JR

Typed or Printed Name

**\* \* \* FILING FEE: \$35.00 \* \* \***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314