Po4000997/

(Requestor's Name) (Address)	500102323415			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)				
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	05/14/07-01062-018 **140.00 TILED **140.00 TALLAHASSEE, FLORIDA			
Office Use Only				

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: RED ANGEL CORPORATION (Name of Co	rporation)
DOCUMENT NUMBER: P04000090971	
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:
GERARDO PICI (Name of Cont	teat Daman)
(Name of Con	tact reison)
(Firm/Cor	npany)
2055 DODGE ST	
(Addre	ess)
CLEARWATER, FL 33760	
(City/State and	Zip Code)
For further information concerning this matter, please ca	all:
· · · · · ·	459 9001
(Name of Contact Person)	at (727) 458-8001 (Area Code & Daytime Telephone Number)
(1.4.1.0 01.001.4.1.01.1)	(court to buy respicate
Enclosed is a \$35.00 check made payable to the Departm	nent of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

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

statement of cha	provisions of sections 60 ange is submitted for a co or to change its registere	orporation organiz	zed under the laws of the	State of FL	ORIDA	_
1. The name of	the corporation: RED AN	IGEL CORPORAT	ION			
2. The principal	office address: 2055 DC	DDGE ST				
CLEARWAT	ER, FL 33760					
3. The mailing a	address (if different):	•				
4. Date of incor	poration/qualification: 0	6/14/2004	Document number:	P0400009	90971	
	d street address of the curtment of State:	rrent registered age	ent and registered office	on file with	the	
	THOMAS JENNINGS					
	711 PINELLAS ST				O7	
	CLEARWATER, FL 33	3756			CRE	
6. The name and (if changed):	d street address of the ne	w registered agent	(if changed) and /or reg	istered offic	IL AM	m
	GERARDO PICI				9: FL0	
	2055 DODGE ST				NTE RIBE	
	CLEARWATER, FL 33	Box NOT acceptable)	2			
The street address changed will	ess of its registered offi	ce and the atreet a	ddress of the business of	office of its	registered age	ent,
Such change was authorized by t	as authorized by resoluthe board, or the compare	tion duly adopted attor has been not	by its board of director ified in writing of the cl	s or by an o hange.	officer so	
Signat	ure of an officer or director)		GERARDO PICI	ed name and tit	le)	
I hereby accept I further agree of my duties, at document is be	the appointment as reg to comply with the provided at Lam familian with the ing filed merely to refle is been notified in writin	cva cnange in inc	agree to act in this cap tes relative to the prope gation of my position as registered office addre	pacity. er and comp eregistered ess, I hereby	plete performa agent. Or, if confirm that	nce this the
			MAY 9, 2007			
1/	gnature of Registered Agent) chalf of an entity:		(Da	ale)		
GERARDO PIO	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 CR2E045 (8/05)

DED ANOEL