P0900094734

(Re	questor's Name)				
(Ad	dress)	.			
	dress)	•			
(City/State/Zip/Phone #)					
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(Bu	siness Entity Nar	ne)			
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2024 JUN 13 KM 7: 52

S. PRATHER

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJI	ECT: RED HORSE VENTURES INC. of Corporation		
Name	of Corporation		
DOCU	UMENT NUMBER: P09000084734		
The en	nclosed Statement of Change of Registered	Office/Agent and fe	e are submitted for filing.
Please	return all correspondence concerning this	matter to the followi	ng:
	·		
	A PACCIONE		
Name	of Contact Person		
	HORSE VENTURES, INC.		
Firm/C	Company		
1513 F	HUNTERS MILL PLACE		
Addres	ess	-	
	DO FL 32765		
City/S	State and Zip Code		
	JOHN@REDHORSEVENTU	IRES.COM	
E-mai	il address: (to be used for future annual	report notification)
For fu	orther information concerning this matter, p	lease call:	
JOHN	A PACCIONE	at (⁴⁰⁷	1619-1099
	Name of Contact Person	Area Co) 619-1099 ode & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the l	Department of State.	
	Mailing Address: Amendment Section	Street Address Amendment	

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of $\frac{FLOR}{FLOR}$ registered agent, or both, in the State of Florida	IDA			
1. The name of t	the corporation: RED HORSE VEN	TURES INC.				
2. The principal	office address: 1513 HUNTERS MI	LL PLACE, OVIEDO FL 32765				
3. The mailing a	iddress (if different): SAME					
4. Date of incorp	poration/qualification: OCTOBER	Document number: P09000084734	_			
5. The name and		ered agent and registered office on file with the				
	JOHN STEMBERGER, ESQ.					
	4853 S. ORANGE AVE., SUITE C					
	ORLANDO FL 32806					
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):			ıktı hikssetet i	2024 JUN 13 A		
	JOHN A PACCIONE		<u> </u>	<u> </u>		
	1513 HUNTERS MILL PLACE			(1)		
		P.O. Box NO I acceptable	•			
	OVIEDO FL 32765					
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its regi	stered a	igent.		
Such change wa authorized by the	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an office een notified in writing of the change.	er so			
DIANE M PACCIONE / VICE CH		DIANE M PACCIONE / VICE CHAIRM	/AN			
Signatu	re of an officer or director	Printed or typed name and title				
I further agrée of my duties, ar document is be	to comply with the provisions of a	ent and agree to act in this capacity. Il statutes relative to the proper and complete he obligation of my position as registered age: e in the registered office address, I hereby cor hange.	perfori nt. Or, ifirm th	manc if thi at the		
Loss		JUNE 7, 2024				
Sig	nature of Registered Agent	Date				
If signing on be	chalf of an entity:					
JOHN A PACCI	ONE					
1	yped or Printed Name					

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