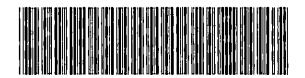


(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Docu	ment Number)	<del></del>
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer:	
	Office Use On	lv



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ARRY OF SHARE

NOV 13 2018

NOV 13 AM 9:31 CRETARY OF STATE ALLAHASSEE, FL

R. WHITE



November 6, 2018

CHRIST CRUTCHER 2165 CHIPPEWA TRAIL MAITLAND, FL 32751

SUBJECT: RESIDENTIAL REDESIGN, INC.

Ref. Number: P15000086815

We have received your document for RESIDENTIAL REDESIGN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

CHRIS CRUTCHER IS ALREADY THE REGISTERED AGENT. THE FORM SUBMITTED ONLY CHANGES THE REGISTERED AGENT. PLEASE COMPLETE ARTICLES OF AMENDMENT FOR ALL OTHER CHANGES TO THE CORPORATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 918A00022878

Rebekah White Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
CHDI	Residential Redesign, Inc.				
SOB	Name of Corporation				
	P15000086815				
DOC	MENT NUMBER:				
The c	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Chris Crutcher, President				
	Name of Contact Person				
	Firm/Company				
	2165 Chippewa Trail				
	Address				
	Maitland, FI 32751				
	City/State and Zip Code				
	grasso98@aol.com				
	E-mail address: (to be used for future annual report notification)				
For fi	ther information concerning this matter, please call:				
Chri	Crutcher 407 832-5113				
	Name of Contact Person at (				
Enclo	ed is a \$35.00 cheek made payable to the Department of State.				
	Mailing Address: Street Address: Amendment Section Amendment Section				
	Division of Corporations Division of Corporations				
	P.O. Box 6327 Clifton Building				
	Tallahassee, FL 32314 2661 Executive Center Circle				
	Tatlahassee, FL 32301				



October 26, 2018

CHRIS CRUTCHER 2165 CHIPPEWA TRAIL MAITLAND, FL 32751

SUBJECT: RESIDENTIAL REDESIGN, INC.

Ref. Number: P15000086815

We have received your document for RESIDENTIAL REDESIGN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The statement of change of registered agent cannot be used to change officers/directors. Please see the enclosed information for making this change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 118A00022120

Rebekah White Regulatory Specialist II

www.sunbiz.org

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

statement of cha	ange is submitted for a corporation org	ganized under the laws of the State of Florida  Statutes, this ganized under the laws of the State of	
in orde	er to change its registered office or reg	istered agent, or both, in the State of Florida.	
1. The name of:	Residential Redes	<u> </u>	
2. The principal Maitland, F	office address: 2165 Chippewa Tr FI 32751	rail	
3. The mailing a			
4. Date of incorp	poration/qualification: 10-21-2015	Document number: P15000086815	
5. The name and		ed agent and registered office on file with the	
	3505 Lake Lynda Dr Suite 200	)	
	Orlando. Fl 32817		
6. The name and (if changed):		agent (if changed) and /or registered office	2018 NOV
	2165 Chippewa Trail		ت آ آ
,	Maitland, Fl 32751	NOT acceptable	AM 9:
as changed will	l be identical.	cet address of the business office of its registered	ယ ago <del>nt</del> .
Such change wa authorized by the	as authorized by resolution duly ador he board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.  Chris Crutcher, Pres.	
Signatu	ure of an officer or director	Printed or typed name and little	
I hereby accept I further agree	t the appointment as registered agent to comply with the provisions of all s frow duties, and I am familiar with an	and agree to act in this capacity, statutes relative to the proper and complete ad accept the obligation of my position as register reflect a change in the registered office address, I ad in writing of this change.	vd
		10-18-2018	
Sig	enature of Registered Apont	Date	<del></del>
It'signing on be	chalf of an entite		
Chris Crutch	ner		
<u>, 1, </u>	Typed or Printed Name	ULU. 075 86 ± * *	
	* * * * F11_1N(,	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, F1, 32314

CR2E045 (03/12)