

P16 0000 77520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

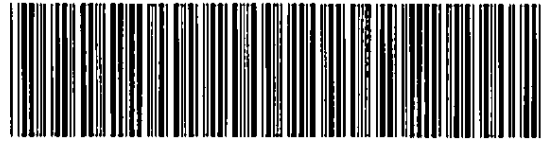
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700351597257

09/09/20--01019--013 **35.00

RECEIVED

SEP 08 2020

FILED
2020 SEP -8 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FL

JQ 10/16/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RED SAND FINANCIAL INC.
Name of Corporation

DOCUMENT NUMBER: P16000077520

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:

MICHAEL KRAMER

Name of Contact Person

RED SAND FINANCIAL INC.

Firm/Company

140 S. BEACH STREET SUITE 310

Address

DAYTONA BEACH FL 32114

City/State and Zip Code

MICHAEL@REDSNDFINANCIAL.COM

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

For further information concerning this matter, please call:

MICHAEL KRAMER

Name of Contact Person

at (386)

864-3491

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: RED SAND FINANCIAL INC.
2. The principal office address: 140 S. BEACH STREET SUITE 310 DAYTONA BEACH FL 32114
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P16000077520
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)

MICHAEL KRAMER

1500 KILRUSH DRIVE

ORMOND BEACH FL 32137

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

MICHAEL KRAMER

140 S. BEACH STREET SUITE 310

P.O. Box NOT acceptable

DAYTONA BEACH FL 32114

SECRETARY OF STATE
TALLAHASSEE, FL

2020 SEP -8 AM 9:48

FILED

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.

Michael Kramer
Signature of an officer or director

Michael Kramer President
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.

Michael Kramer
Signature of Registered Agent

8/26/20
Date

If signing on behalf of an entity:

Michael Kramer
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
CR21E045 (04/13)