P230000 63222

(Requestor's Name)
(Address)
(Address)
(133.555)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(December New York)
(Document Number)
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SECRETARY OF STATE

ALLERY OF THE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RED I NOW ENCOUS INC. Name of Corporation
DOCUMENT NUMBER: P23000 63222
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:
Name of Contact Person
Name of Contact Person
KED IRON ERECTURS INC.
Firm/Company
804 N NEW WALKINGTON KI)
Name of Contact Person PED IRON ERECTURS INC. Firm/Company 804 N NEW WALRINGTON RD Address PENSMOLA, FL 30506 City/State and Zip Code
City/State and Zip Code
VIC & REDIFORErectors . com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (830) 972 0443 Area Code & Daytime Telephone Number
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 Street Address: Amendment Section

Amendment Section
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 char	provisions of sections 607.050 nge is submitted for a corpore	ation organiz	ed under the laws of th	e State of FLO	_
	r to change its registered offic				
1. The name of the	the corporation: $\frac{\mathcal{REDI}}{804 \mathcal{N}}$	NOW E	iecus //vi		
2. The principal of	office address: 804 /	n hem	WALKINGTON	1)	
PE	NSALULA, R 32	<u>506</u>			
	ddress (if different):				
4. Date of incorp	oration/qualification: 08	29/23	Document number	P230000 6	3275
	street address of the current street of State: (If resigned, c			e on file with the	
	RESIGNED				
					202
6. The name and (if changed):	street address of the new reg	istered agent	(if changed) and /or re	gistered office	2024 OCT 11
	VICTOA Pronk	itus Si		10000000000000000000000000000000000000	
	Sale Jalen	() Q11	INCTON (L)		E 10:
	- 50¢ K /VE-10	P.O. Box 3	SOT acceptable	<u>}</u>	
	VICTOA BrONK 804 N NEW PENSAIDLA, FL	n.<2	o (7 5
The street addre	ss of its registered office and be identical.			office of its register	ed agent,
Such change wa authorized by	e authorized by resolution de board, or the corporation h	uly adopted l nas been noti	by its board of director fied in writing of the c	rs or by an officer so hange.)
	2		VICTO	A Bronkhol	55
5	e of an officer or director				
I hercby accept if further agree to of my duties, and document is beign corporation hay	the appointment as registere o comply with the provisions d I am familiar with and acc ny filed merely to reflect a cl been notified in writing of t	ed agent and s of all statut ept the oblig hange in the his change.			formance Or, if this 1 that the
	112-		iol	7/24	
Sign	nature of Registered Agent			ate	
If signing on bel	half of an entity:				
Ty	ped or Printed Name				
	·				

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