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(Re	equestor's Name)	<u> </u>
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: R.A.D. Review, Inc.  Name of Corporation
DOCUMENT NUMBER: 19600067437
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:
Debra Macchi  Name of Contact Person  R.A.D. Review Inc.  Firm/Company  5832 Tidewood Avenue  Address  Sarasota, Florido 34231  City/State and Zip Code  Lebracch: Q gmail. Om  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Debra Macchi  Name of Contact Person  at (941) 927-0684  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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
- $0$ $0$ $0$ $0$ $0$ $0$ $0$
1. The name of the corporation: K.H.D. Keview, Inc.
2. The principal office address: 5832 710 wood Ave
Sarosoto, Morida 34231
3. The mailing address (if different):
4. Date of incorporation/qualification: 8 13 199 Lo Document number: P9 Lo 000 Lo 7 + 37
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)
John Shea
2940 South TAMIAMI Trail
Sarcasota Florida 34239 = 56. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
5832 Tidewood Avenue
P.O. Box NOT acceptable
Sarasota, Florida 34231
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.
Marchi President RAD. Review, Inc. Debra Marchi ; Signature of an officer or director Review, Inc.
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.
Debyallacchi 3/20/2018
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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