#413000000145

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						





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K. SALY EXAMINER OCT 14 2014

COVER LETTER

TO:	Registration Section Division of Corporations						
CHIDI	•	agge Family	, Haldi	nae	!!! D		
SUD							
DOC	UMENT NUMBER:	A	13000	00001	145		
	enclosed Statement of Change are submitted for filing.	of Registered (A1300000145 d Office and/or Registered Agent and smatter to: notification) please call: 561 Area Code and Daytime Telephone Number				
Please	e return all correspondence co	ncerning this n	natter to	:			
	Lorrie Scag						
	Contact Perso	n					
	Firm/Company	<i>i</i>		_			
	1520 Royal Palı	n Way	Way M432 I.com Innual report notification) Is matter, please call: Innual report notification Is matter, please call: Innual report notification It is matter, please call: Innual report notification Innual report not				
	Address						
	Boca Raton, FI	33432					
	City, State and Zip	Code					
	wgs104@a	aol.com					
F	E-mail address: (to be used for future	e annual report no	tification)				
For fi	urther information concerning	this matter, ple	ease call	:			
	Lorrie Scaggs	at (561)	213-7074		
	Name of Contact Person			and Day	ytime Telephone Number		
Enclo	osed is a \$35.00 check made p	ayable to the F	lorida D	epartm	nent of State.		
STRI	EET ADDRESS:		MAI	LING	ADDRESS:		
Registration Section			Registration Section				
	ion of Corporations						
	on Building						
	Executive Center Circle		Tallal	hassee,	, FL 32314		
Tallal	hassee FL 32301						

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	Scaggs Family	Holdings,	, L	LLP	
Na	me of Limited Partnership or Lim	ited Liability	Lim	nited Partners	ship
2. 0	3/20/2013	3.		A13000	0000145
Date of filing/registration in Florida			F	Florida docur	ment number
4. The name of the re Department of State:	gistered agent and the registered	office address	as s	shown on the	records of the Florida
	Steven M	Scaggs			
	Nam			·	•
	2061 Thatch	Palm Drive	Э		
	Addr				
	Boca Raton	, fl 33432			S. L. S.
	City, State	•			
5. The name and Flor	ida street address of the new regi	stered agent ar	nd/o	or office:	ZHIN SEP 29 PM 4: 03
	Steven M	Scaggs			770
	Nan	ne			220
	1520 Royal I	Palm Wav			
	Florida street address (P.		cept	able)	,
	Boca Raton	F	1	33432	
	City, State		ட_		•
6. Such change(s) is/a	Partner	orida Departm	ent	of State.	
comply with the provi-	ppointment as registered agent an sions of all statutes relative to the han accept the obligations of my	proper and c	omp	olete perform	
Stone 1	10-10				
Signature of Registere	ed Agent				
Filing Fee: Certified Copy (o	\$35.00 sational): \$52.50				