

LO2000023482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

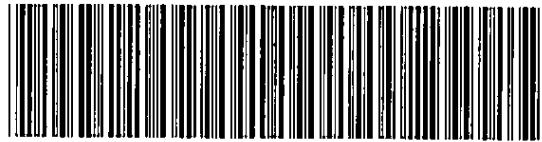
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2019 APR 26 PM 5:51

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCM Homes LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following

Sandra C. Morton
Name of Person

257 Plantation Cir. S.
Firm/Company
Address

Ponte Vedra Beach, FL 32082
City/State and Zip Code

sandyclarkmorton@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Sandra C. Morton at (904) 280-0831
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company
submits the following statement in order to change its registered office or registered agent, or both, in the State of
Florida.

1 Name of the limited liability company: SCM Homes, LLC

2. (a) _____
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

(b) _____
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

257 Plantation Cir. S. 257 Plantation Cir. S.
Ponte Vedra Beach FL 32082 Ponte Vedra Beach, FL 32082

3. 9/10/02
Date of filing/registration in Florida

4. L 02000023482
Document number

5. (a) Keith M. Sands
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

6821 Southpoint Dr. N.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 228
Jacksonville FL 32216

(b) Head, Moss, Fulton & Griffin, P.A.
Enter name of NEW Registered Agent and/or NEW Registered Office address

1530 Business Center Dr. #4
NEW Registered Office Address

Fleming Island FL 32003

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the limited liability company

Sandra C. Morton
Signature of a member or authorized representative of a member

Sandra C. Morton
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
notified in writing of this change.

Justin G. Carato
Signature of Registered Agent

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