LOF0000 29754

(Requestor's Name)					
(Address)					
,					
(Address)					
(Address)					
	#11.4E				
(City/State/Zip/Phone #)					
_	, <u>.</u>	_			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
, ——	· · · · · · · · · · · · · · · · · · ·	•,			
- 10					
(D0	cument Number)				
Certified Copies Certificates of Status					
Consider the second sec	Ellin - Officer				
Special Instructions to	Filing Officer:				
		, , <u>,</u>			

Office Use Only



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MAY 02 2016 J SHIVERS

SCERE DAY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: D+S New Yest	ited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chang	pe and fee(s) are submitted for filing					
Please return all correspondence concerning this matter	to the following:					
_						
Steven MEGARY						
Name of Person 4						
SCAGTECO FINANCE						
Firm/Company						
531 S. usa Suite"A"						
Address						
Fort Richer FL 34950						
City/State and Zip Code						
Stores of a October						
E-mail address: (to be used for future annual report	t notification)					
For further information concerning this matter, please ca	11:					
sale and market, proude ou	•••					
Steven McGary at (7)	72 293-0707					
Name of Person (Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314					
Tallahassee, Florida 32301	1 allallassee, 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.

2 00.10	••••				
1. N	ame of the limited liability company:	N	ew Yen	stum CLO	2
2. (a)	Principal office address of limited liability company:		b) P.o.	Box 229	ishiliw someony
	(Note: MUST BE STREET ADDRESS)			Note: MAY BE POST (
	Font Refer, FL 34950		FoatPi	etce,FL	34954-2291
3.	3/24/2008 Date of filing/registration in Florida	 - -		0029754	<i>f</i>
		4.	De	ocument number	
5. (a)	Registered Agent and Registered Office shown on the records of the	he Florid	a Dant of Store		
	registered right and registered Office shown on the Records of the	ne i lorida	i Dept. of State.		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>		
	1709 Sunset Igles 20				
	T + 11.	72,11	0119	7 67.	<u></u>
	TON PIEFER, FL	_ 24	747	E STATE STAT	AP
(b)	Steven J. M. Gary			第一 の で	N come
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	E C	
				<u> </u>	7
	NEW Registered Office Address:		 -		ယ် အ ႏ
	531 S. us1, suite "A"			28	
	tout Vickee ,FL	34	950		
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the I	the regis bility co f the lim	stered office and ompany, it is he nited liability co	d the business officereby confirmed that ompany or as otherw	ce of the registered it the change(s)
				nted or typed name of s	
	ture of a member or authorized representative of a member				
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in w riting of this cha nge.	e to act perform for in (ereby co	in this capacity ance of my duti Chapter 605, F onfirm that the	y. I further agree to es, and I am familio S. Or, if this docun limited liability con	o comply with the ar with and accept nent is being filed npany has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent