L080000 37665

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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COVER LETTER

TO: Registration Section
Division of Corporations

SCALE HARDWARE LLC

SUBJECT:

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:

ROBERT BRESLAUER
Name of Person
Scale Hardware LLC
Firm/Company
1736 NE 16 STREET
Address
FT LAUDERDALE, FL. 33304
City/State and Zip Code

bbreslauer@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lordan Tyler

581-6156

Name of Persor

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

INHS18 (2/14)

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. Na	me of the limited liability company: SCALE HARD	WARE	LLC	
2. (a)	Principal office address of limited liability company:	_ (b)	Mailing address of limited liability company:
	(<u>Note: MUST BE STREET ADDRESS</u>)		1,	(Note: MAY BE POST OFFICE BOX)
	1736 NE 16 STREET	_	1736 NE	16 STREET
	FT LAUDERDALE, FL 33304	_	FT LAU	DERDALE, FL 33304
•	04/14/2008		L0800003	37665
3	Date of filing/registration in Florida	4.		Document number
5. (a)	NRAI SERVICES, INC			
J. (a)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET A) 1200 South Pine Island Road	DDRESS	2	
	Plantation, FL_	333	24	. 2
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	dress:	III 106 29
	LEGALINC CORPORATE SERVICES INC.			D D
	NEW Registered Office Address:			t: Oth
	5237 SUMMERLIN COMMONS SUITE 400			
	FORT MEYERS , FL	30	3907	
the cha agent v was/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he regist bility co the lim	stered office ompany, it is ited liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in
To	ent y Breatain	Rol	oert A Bre	slauer
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agre ons of all addutes relative to the proper and complete p igations of my postion as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change.	e to act perform for in (ereby co	in this cap ance of my Chapter 605 onfirm that	ucity. I further agree to comply with the duties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent