

FILED
09 APR -3 AM 8:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCOTT'S AUTO TRANSPORTATION 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:

BREANNA STEVISON
(Name of Person)

SCOTT'S AUTO TRANSPORTATION LLC.
(Firm/Company)

6455 HOMESTEAD AVE.
(Address)

COCOA FL 32927
(City/State and Zip Code)

For further information concerning this matter, please call:

BREANNA STEVISON at (321) 208-7206
(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 608.416 or 608.508, 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: SCOTT'S AUTO TRANSPORTATION LLC.

2. (a) Principal office address of limited liability company: 6455 HOMESTEAD AVE
(Note: **MUST BE STREET ADDRESS**) COCOA FL 32927

(b) Mailing address of limited liability company: 6455 HOMESTEAD AVE
(Note: **MAY BE POST OFFICE BOX**) COCOA FL 32927

MARCH 27 2009

L09000000169

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: STEIVISON, ROBERT S

Registered Office Address: 6455 HOMESTEAD AVE
COCOA FL 32920

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: STEIVISON, BREANNA L

NEW Registered Office Address: 6455 HOMESTEAD AVE
(**MUST BE FLORIDA STREET ADDRESS**) COCOA FL 32927

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.

Breanna Steivison
(Signature of a member or authorized representative of a member)

BREANNA STEIVISON

(Printed or typed name of signee)

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 608, 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.

Breanna Steivison
(Signature of Registered Agent)

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

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TALLAHASSEE FLORIDA
CLERK OF STATE