

LO9 0000 20538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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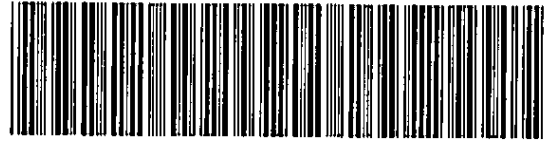
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Scientific Installations of Central Florida, 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:

Mark Rogers

Name of Person

Scientific Installations of Central Florida, LLC

Firm/Company

1020 SE 5th Ave

Address

Crystal River FL 34429

City/State and Zip Code

Scientific-install@tampabay.rr.com

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

For further information concerning this matter, please call:

Mark Rogers

Name of Person

at (352) 502-6161

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

20 JUN - 5 PM 11:45

FILED  
DIVISION OF CORPORATIONS

**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: Scientific Installations of Central Florida, LLC

2. (a) 1020 SE 5th Ave (b) 1020 SE 5th Avenue LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Crystal River FL

34429

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Crystal River FL

34429

3. 03/02/2009 Date of filing/registration in Florida

4. L09000020538 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

~~1020 SE 5th Ave~~

351 E. Liberty St.

~~Crystal River~~

FL

~~34429~~

Hernando FL 34442

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

**NEW Registered Office Address:**

1020 SE 5th Ave

Crystal River

FL

34429

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.

Mark E Rogers  
Signature of a member or authorized representative of a member

MARK ROGERS  
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.

Dawn Rogers  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

20 JUL -5 AM 11:45  
DIVISION OF CORPORATIONS