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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, , ,			
/D			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE DIVISION OF CORPORATIONS
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T. HAMPTON



COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT:	Scooter Pro America
	Name of	Limited Liability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concernin	g this matter to the following:
	George Elmore	
	Name of Person	
	Scooter Pro America LLC	<u> </u>
	Firm/Company	
	2101 S. Congress Address	1
	Delray Beach Florida 334 City/State and Zip Code	45
——E	gteharvey@bellsouth.ne mail address: (to be used for future annual report	t notification)
For fu	rther information concerning this ma	tter, please call:
	Ron Elliott	at (561) 452-0512
	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 follow	ing 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.

agent, or b	ooth, in the State of Florida.	to change its registered office or registered
1. Name o	of the limited liability company:	Scooter Pro America LLC
2. (a) Prin	ncipal office address of limited liability compan	y: 2101 S. Congress Ave.
(<u>N</u>	ote: MUST BE STREET ADDRESS)	Delray Beach Florida 33445
(b) Mai	iling address of limited liability company:	Same
(N	ote: MAY BE POST OFFICE BOX)	
		L09000089627
3. Date of	filing/registration in Florida	4. Document number
5. (a) Reg	the records of the Florida Dept. of State:	
Reg	gistered Agent:	Bradley Elliott
Reg	gistered Office Address:	1011 S.W 10th Ave. Okeechobee Fl. 34974
(b) Ente	er name of NEW Registered Agent and/or NEV	W Registered Office address:
<u>NE</u>	W Registered Agent:	George Elmore
<u>NE</u>	<u>W</u> Registered Office Address: UST BE FLORIDA STREET ADDRESS)	2101 S. Congress Ave. Delray Beach ,FL33445
confirmed the bus liability corof the mem or the operation	that after the change or changes are made, the Finess office of the registered agent will be ident impany, it is hereby confirmed that the change(s) ibers of the limited liability company or as other ating agreement of the limited liability company	ical. Or, in the case of a Florida limited was/were authorized by an affirmative wise provided in the articles of organization
Signature of a	Bradley Elliott	PORATIONS
Printed or type	ed name of signee	- 5
I hereby a comply wit and I am for Chapter by address 1	ccept the appointment as registered agent and a h the provisions of all statutes relative to the pr miliar with and accept the obligations of my po 18, F.S. Or if this document is being filed to me hereby cognification the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in the registered office y has been notified in writing of this change.

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