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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Consideration to Filian Officer						
Special Instructions to Filing Officer:						
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Office Use Only



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DIVISION OF CERFORATION

M. MILLIGAN AUG 03 2017, COVER LETTER

TO: Registration Section Division of Corporations						
Subject: Scarborough Holdings LLC						
	Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.					
Please return all correspondence concerning this ma	tter to the following:					
Cheryl Collin						
Name of Person						
Scarborough Holdings LLC						
Firm/Company						
PO Box 3031						
Address						
Palm Beach, FL 33480						
City/State and Zip Code						
misscheryl72@yahoo.com						
E-mail address: (to be used for future annual re-	eport notification)					
For further information concerning this matter, pleas	se call:					
Cheryl Collin	561 429-8477					
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 Filling Fee & Certified Copy					

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INH\$18 (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	ame of the limited liability company: Scarborough Ho	oldir	ngs LLC			
2.	(a)			(b)			
	, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	•	
		327 Dyer Road		PO Box	3031		
		West Palm Beach, FL 33405		Palm Be	ach, FL 33480		
		6/18/2010		L1000006	55400		
3.	(-)	Date of filing/registration in Florida Cheryl Collin - Mgr	4.		Document number		
Э.	(a)	Registered Agent and Registered Office shown on the records of the Jules Franco - Registered Agent	Florie	da Dept, of State	*!		
		Registered Office Address 327 Dyer Road	DRES	55)	_		
		West Palm Beach	340¦5	5			
	(b)					17 JUL	3:4/3:04 3:4/18:104
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>	ffice a	ddress:		. 20	R81
		327 Der 21.			-) AH	
		NEW Registered Office Address:				AH 10: 45	NATION OF THE STATE OF THE STAT
		West Palm Beach FL	3	3405			<i>₹</i>
the age	cha ent v s/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited liabile are authorized by an affirmative vote of the members of to cles of organization or the operating agreement of the line	e reg ility d he lii	istered office company, it is mited liability	e and the business off s hereby confirmed the y company or as other	fice of t hat the o	he registered change(s)
		Chery Ill	Ch	neryl Collin			
	•	ture of a member or authorized representative of a member			Printed or typed name o	_	
pro the to	visi obl nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided fely reflect a change in the registered office address, I her if in writing of this change.	to ac erfori or in reby	ct in this capa nance of my a Chapter 605, confirm that t	icity. I further agree luties, and I am fami , F.S. Or, if this doc the limited liability c	e to com iliar wit rument i rompany	ply with the h and accept s being filed has been

Signature of Registered Agent