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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

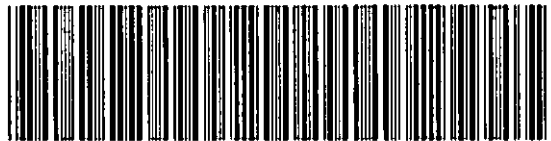
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SCOTIA PROPERTIES 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:

DR. E. JOY ARPIN - SYPERT  
Name of Person

SCOTIA PROPERTIES LLC  
Firm/Company

352 6th STREET SOUTH  
Address

NAPLES, FL 34102  
City/State and Zip Code

SYPERT@MAC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOY ARPIN-SYPERT at ( 239 ) 430 1901  
Name of Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2022

SCOTIA PROPERTIES, LLC  
352 6TH STREET SOUTH  
NAPLES, FL 34102

SUBJECT: SCOTIA PROPERTIES, LLC  
Ref. Number: L11000006206

We have received your document for SCOTIA PROPERTIES, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 122A00028534

2022 JAN -9 PM 12:43

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. Name of the limited liability company: SCOTIA PROPERTIES, LLC
2. (a) 352 6th STREET SOUTH  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
NAPLES, FL 34102
- (b) 352 6th STREET SOUTH  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
NAPLES, FL 34102
3. 12/15/2022  
Date of filing/registration in Florida
4. L11 000006206  
Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

19249 LA SERENA DR.

ESTERO FL 33967-0520, FL

- (b) DR. E. JOY ARPIN SYPERT

Enter name of NEW Registered Agent and/or NEW Registered Office address:

352 6th STREET SOUTH

NEW Registered Office Address:

NAPLES

FL 34102

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.

[Signature]  
Signature of a member or authorized representative of a member

E. JOY ARPIN SYPERT

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 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.

[Signature]  
Signature of Registered Agent

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

FILING FEE: \$25.00