LII DOOD 27819		
(Requestor's Name) (Address) (Address)	000354584390	
(City/State/Zip/Phone #)	11/05/2001012002 ++25.00 ~*	
Special Instructions to Filing Officer:		
Office Use Only	DEC 12 2020 I ALBRITTON	

COVER LETTER

TO: Registration Section Division of Corporations

Scott Tillman LLC
SUBJECT: ______

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:

Scott Tillman

Name of Person

Scott Tillman LLC

Firm/Company

762 26th Ave N

Address

Saint Petersburg, FL 33704

City/State and Zip Code

tillman.scott@gmail.com

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

For further information concerning this matter, please call:

Scott Tillman 727 437-9299 at (___ _) _ Area Code & Daytime Telephone Number Name of Person Mailing Address: Street Address: Registration Section **Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

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 FOF 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

Name of the limited lia		-	Scott Tillman LLC
	iddress of limited liability company: <u>UST BE STREET ADDRESS</u>)	((b)
762 26th Ave 8			762 26th Ave N
Saint Petersburg, FL	3.37().4	_	Saint Petersburg, FL, 33704
03/04/2011			L11000027819
Date of film Registered Agents Inc	ng/registration in Florida	4.	Document number
	rgistered Office shown on the records of th	ie Floria	rida Dept. of State:
Registered Office Addre 762 26th Ave N	ess – <u>(MUST BE FLORIDA STREET A</u>	DDRES	<u>ESS)</u>
Saint Petersburg	FL	33704	4
Enter name of <u>NEW Re</u>	Scott Tillma gistered Agent and/or NEW Registered O	SM Office a	address:
			<u></u>
<u>NEW</u> Registered Office 762 26th Ave N	• Address:		
Saint Petersburg	, FL [.]	3704	4
ge or changes are made will be identical. Or, vere authørized by an a	: the Florida street address of the r in the case of a Florida limited liab	egister ility c the lir mited	the State of Florida, it is hereby confirmed that after tered office and the business office of the registered company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided i ed liability company.
nature of a member or autho	rized representative of a member		Printed or typed name of signee
eby accept the appoint sions of all statutes rel bligations of my positie rely reflect a change u ed in writing of this ch	ative to the proper and complete po may registered agent as provided whe registered office address, I he	e to ac erforn för in rehy c	act in this capacity. I further agree to comply with a rmance of my duties, and I am familiar with and acc n Chapter 605, F.S. Or, if this document is being fi e confirm that the limited liability company has been

Signature of Registered Agent

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