## 111000036904

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## COVER LETTER

Division of Corporations	
Searstown Warehouse LLC SUBJECT:	
Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Patrick S. Scott	
Name of Person	<del></del>
Firm/Company	
205 Quail Creek Lanc	
Address	
Greenville, SC 29615	
City/State and Zip Code	<del></del>
pscott1615@aol.com	
E-mail address: (to be used for future annual report	1 notification)
For further information concerning this matter, please ca	all;
Patrick S. Scott 95	655-1715
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	:
■ S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (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. N	ame of the limited liability company: Searstown Wareh	iouse LL	C	<u></u>
2. (a)		(	b)	
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	205 Quail Creek Lane		205 Quail	Creek Lane
	Greenville, SC 29615	_	Greenville	s, SC 29615
	3/28/2011		L11000036	904
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
). (41)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of Stat	 te:
	Patrick S. Scott			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_
	401 E. Las Olas Blvd., Suite 1000			
	Fort Lauderdale, FL_33301			_
	ri			_
(b)				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	ddress:	_
	Frank C. Walker			
	NEW Registered Office Address:			_
	401 E. Las Olas Blvd., Suite 1000			
	HOLE, Das Ones Diver, State 1990			<b></b>
	Fort Lauderdale	33301		
				_
If the l	limited liability company is not organized under the la e or changes are made, the Florida street address of the	ws of the	: State of Flored of Flored of the contract of	orida, it is hereby confirmed that after the id the business office of the registered
agent	will be identical. Or, in the case of a Florida limited li	ability c	ompany, it i	s hereby confirmed that the change(s)
was/w the art	ere authorized by an affirmative vote of the members (icles) of organization or the operating agreement of the	or the m limited	nuca naonn Iiability con	npany.
	Varius W Mort		rick S. Scott	
Signa	nure of a member or authorized representative of a member		=-	Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and aging ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	nortorn	ZORCE OF DIV	duties, and Lam lamiliar with and accept

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