## L12000122076

(Req	uestor's Name)	
(Addi	ress)	
(Add	ress)	
(City)	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
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Office Use Only



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RAMS

AUG 2 0 2019

I ALBRITTON

## COVER LETTER

Division of Corporations	
SUBJECT: SPACE COAST FLO	OORINGI, ILC.
Nan	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
ROVBIN A. BUSQUE Name of Person	<u>70</u>
SPACECIAST FLOORIA Firm/Company	Uto, LC.
1470 BEECHFERN DR	IVE
MYLIBOURUE FY 30 City/State and Zip Code	9935
E-mail address: (to be used for future and	1@ EMAIL-COM  ual report notification)
For further information concerning this matter,	please call:
ROBIN BUSQUETS	at (321) 9/00-0009
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
Cl \$25 Eiling Five	[] \$55 Filing Fee & Certified Conv

□ \$25 Filing Fee

**TO**: Registration Section

INHS18 (2/14)

RECEIVED AUG 1 5 2019



August 6, 2019

ROBIN A. BUSQUETS 1470 BEECHFERN DRIVE MELBOURNE, FL 32935

SUBJECT: SPACE COAST FLOORING, LLC

Ref. Number: L12000122076

We have received your document for SPACE COAST FLOORING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6050.

Letter Number: 419A00016084

Irene Albritton Regulatory Specialist II

www.sunbiz.org



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2019

ROBIN A. BUSQUETS 1470 BEECHFERN DRIVE MELBOURNE, FL 32935

SUBJECT: SPACE COAST FLOORING, LLC

Ref. Number: L12000122076

We have received your document for SPACE COAST FLOORING, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 319A00014406

## 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	me of the limited liability company: SPACECOAST FLOOPING) UC.	
2. (a)	1470 BEECHFERN DE. (b) 1470 BEECHFWANDR.	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	MELBOURNE FI 32935 MELBURNE FI 32935	<u>_</u>
3.	9/24/20/2	
5 (0)	MOCH KOVACC	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State.	
	14th Monthson Dr	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		ť
	Melhoure 11 32935	
(b)	DAYNE SCAPLEHORN	
. ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	14th Beechfern Dr.	
	NEW Registered Office Address:	
	Melharine Fr. 32935	
10 the 1i	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after	
the cha agent w was/we	rige or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.	
NOU	ure of a member Quithorized representative of a member Printed or typed name of signee	
I herel provision the obli- to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.	
Pu	to addion	

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)