L12000 155865

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

Office Use Only



600335926626

10/28/19--01009--031 **25.00

TO UCT 28 PM 1: 09

NOV 20 2019 C MCNAUR

COVER LETTER

SUBJECT: SCOPE INTERNATIONAL DISTRIBUTION, LLC

	COVER LETTER 6	
TO: Registration Section Division of Corporations		1,78 PM 1:09
SUBJECT: SCOPE INTERNATION	IAL DISTRIBUTION, LLC	4.
Nam	e of Limited Liability Company	9
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
Jean-Philippe Schneider		
Name of Person	 	
SCOPE INTERNATIONAL DISTRIE	BUTION, LLC	
Firm/Company		
9472 carlyle avenue		
Address		
surfside, FL 33154,		
City/State and Zip Code		
inacana@amail.com		
jpscope@gmail.com E-mail address: (to be used for future annu	ual report parification)	
E-man address, (to be used for future anni	uai report notification)	
For further information concerning this matter,	please call:	
jean-philippe schneider	at (786) 547-8515	
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 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following	amount:	
\$25 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	Name of the limited liability company:	PE IN	TERN	NATIONAL DISTRIBUT	TION, LLC
2. (a	0470 parkile avanua		, (h	9472 carlyle avenue	
(a	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS		_ (0,	Mailing address of limited l	• • •
	Surfside		_	Surfside	
	FL 33154		_	FL 33154	
	12/13/2012			L12000155865	
3.	Date of filing/registration in Florida	a	4.	Document number	
5. (a	Jean-Philippe Schneider				
	Registered Agent and Registered Office shown on the Registered Office Address (MUST BE FLORIDA			· 	19 DCT 28 PH 4: 09
	9472 carlyle avenue			•	72 震
	Surfside	, FL_	33154		B PH
. (b	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW I 7901 4th St N	Registered (Office add	dresş:	illow.
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	FL <u>`</u>	33702	2	
the chagent was/wthe ar	limited liability company is not organized und nange or changes are made, the Florida street at will be identical. Or, in the case of a Florida livere authorized by an affirmative vote of the micles of organization or the operating agreementative of a member or authorized representative of a member of a m	ddress of t limited had nembers of ent of the l	the regis bility con the limi imited li Jear	stered office and the business officempany, it is hereby confirmed that ited liability company or as other iability company. n-Philippe Schneider Printed or typed name of	ce of the registered at the change(s) wise provided in signee
provit the of to mg	stons of all statutes relative to the proper and c bligations of my position as registered agent as rely reflect a change in the registered office ad ed in writing of this change.	complete p s provided	erforma for in C ereby co	ance of my duties, and I am famili Chapter 605, F.S. Or, if this docu Onfirm that the limited liability co.	iar with and accept ment is being filed

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

Signature of Registered Agent