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April 15, 2019

BRYAN SCRUGGS SCRUGGS CONSTRUCTION, LLC. 649 MARINER CIR PANACEA, FL 32346

SUBJECT: SCRUGGS CONSTRUCTION, LLC.

Ref. Number: L12000161564

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

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: 519A00007549

Susan Tallent Regulatory Specialist II

Jery Wala

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Scruss Construction, 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:			
Brigan Scruggs Name of Person			
Scruggs Construction, LLC Firm/Company			
649 MArina Ci-			
PANACES FL 32341 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Briph Scrugs at (850) 766-0288 Name of Person at (850) Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314			
Enclosed is a check for the following amount:			

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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

Florida	
1. Na	ome of the limited liability company: Scrugs (cns fraction, 22
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
3.	12/27/12 12/00/16/564
	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 6 49 Mar. No. Cir. Pana (ent Alligativ Point. FL 32346 7 May Print Street Office address: Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	PANACER 1-12341
the cha agent w was/we	emited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge 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 cles of organization or the operating agreement of the limited liability company.
	Tim Ave-!// Tim Ave-!// Tim Ave-!// Tim Ave-!// Tim Ave-!// Printed or typed name of signee
Lharat	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sons 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.

Signature of Registered Agent