## L13000021824

(Re	questor's Name)					
(Ad	dress)					
	(					
(AQ	dress)					
(Cit	y/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
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(Bu	siness Entity Name	e)				
(Do	cument Number)					
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DIVISION OF CORPORATION

17 JUL 20 AH 10: 45

M. MILLIGAN

AUG 0 3 2017

## **COVER LETTER**

то:	Registration Section Division of Corporations					
SUBJI	Doriescott LLC		•			
		ability Company				
Dear S	Sir or Madam;					
The en	nclosed Registered Agent/Registered Off	ice Change and	fec(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
Chen	yl Collin					
	Name of Person		_			
Dorie	scott LLC					
	Firm/Company		— I			
РО В	ox 3031					
	Address					
Palm	Beach, FL 33480					
	City/State and Zip Code		— I !			
misso	cheryl72@yahoo.com		:			
<u> </u>	E-mail address: (to be used for future ann	ual report notifi	cation)			
For fu	rther information concerning this matter,	please call:				
Chery	/I Collin	561 at (	429-8477			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		gistration Section vision of Corporations D. Box 6327			
Enclosed is a check for the following amount:						
	<b>2</b> \$25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy			
INHS1	8 (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. 1	Name of the limited liability company: Doriescott LLC	<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)		
	327 Dyer Road	· 1	PO Box 303	1	
	West Palm Beach, FL 33405	_ ,	Palm Beach, FL 33480		
	2/11/2013		L1300002182	21824	
3.	Date of filing/registration in Florida	4.	Doci	ument number	
5. (a	Cheryl Collin - Mgr				
J. 1.	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Jules Franco - Registered Agent				
	Registered Office Address (MUST BE FLORIDA STREET A	1DDRES	<u></u>	<b>→</b> 0 ×	
	327 Dyer Road			IS TO TO THE PARTY OF THE PARTY	
	West Palm Beach . FL	3340	5	Sion of co	
(b	<b>)</b>			AH IO: 45	
, -	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<b>5</b> 32	
	327 Duen Rd.			<b>75</b>	
	NEW Registered Office Address:				
	West Palm Beach. FL	— _3´	3405		
the cl agent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members o	the reg ability of the li	istered office and company, it is here mited liability con	the business office of the registered eby confirmed that the change(s) appany or as otherwise provided in	
the ar	ticles of organization or the operating agreement of the		liability company neryl Collin	<b>'</b> .	
Sign	nature of a member of authorized representative of a member		· · · · · · · · · · · · · · · · · · ·	ed or typed name of signee	
I her provi the of to me notifi	eby accept the appointment as registered agent and agrassions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address. I hed in writing of this change.	ee to a perfori d for in hereby	et in this canacity	I further agree to comply with the	
Signa	ture of Registered Agent				