*L13000034371

(Requestor's Name)						
(Ad	(Address)					
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL.				
(Bu	siness Entity Nar	ne)				
(Do	cument Number)					
Certified Copies	_ Certificates	s of Status				
Charial Instructions to	Eiling Officer					
Special Instructions to Filing Officer:						
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Office Use Only



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K.SALY EXAMINER SEP 10 2014

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	The Scrambled Egg, LLC				
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning the	is matter to the following:			
Rona	ald W. Gregory, II				
	Name of Person	· // // // /-			
Greg	ory Law Firm, PL				
	Firm/Company				
3801	Park Street North, Suite #4				
	Address				
St. P	etersburg, FL 33709				
	City/State and Zip Code				
rgreg	ory@gregorylaw.net				
Ī	E-mail address: (to be used for future ann	ual report notification)			
For fu	rther information concerning this matter,	please call:			
Ron (Gregory	727 374-9200			
	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			
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. Na	ame of the limited liability company:	ed Egg	, LLC	
2. (a)		-(1	b)	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	15282 Fishhawk Blvd.		Same	
	Lithia, FL 33547	_		
	03/06/2013		L130000	034371
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Jennifer Adamo			
5. (u)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of St	
	Registered Office Address (MUST BE FLORIDA STREET) 15282 Fishhawk Blvd.	ADDRES.	<u>S)</u>	THUSEP-4 PH 4: 01
	Lithia	33547		LED PR
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ldress</u> :	- CORID
	NEW Registered Office Address:			_
	3801 Park Street North, Suite #4			_
	St. Petersburg	33709	I	
the cha agent v was/w the arti	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reginability confirmation of the limited	istered offi ompany, it nited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. amo
	furcof a member or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agricons 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 d in writing of this change.	ree to ac perforn d for in hereby c	et in this ca nance of m Chapter 60 confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signatu	fire of Registered Agent			