Division of Corporations Electronic Filing Cover Sheet

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(((H18000139828 )))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000008136 -: (307)200-2800, Phone Fax Number : (855)330-1010-

\*\*Enter the email address for this business entity to be used for for annual report mailings. Enter only one email address please.\*

Email Address:

## LLC REGISTERED AGENT CHANGE SCUZZY WORKS, LLC

Certificate of Status	0
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K. SALY

## 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.	Name of the limited liability company: Scuzzy V	Works	
2. (a	10202 ADDISON LAVES DD	(b) 10302 ADDISON LAKES DR.	
<b></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)	
	JACKSONVILLE, FL 32257	JACKSONVILLE, FL 32257	
		÷	
	04/30/2013	L13000063072	
3.	Date of filing/registration in Florida	4. Document number	
5. (	a) UNITED STATES CORPORATION AGENT	S, INC.	
Registered Agent and Registered Office shown on the records of the Florida Data, of State:  13302 WINDING OAK COURT			
	A		
	TAMPA , FL		
	Northwest Pogistered Agent		
(b) Northwest Registered Agent, LLC.  Enter name of NEW Registered Agent and/or NEW Registered Office address:  3030 N. Rocky Point Dr.  NEW Registered Office Address:			
		SSE 3	
	3030 N. Rocky Point Dr.	E SE	
	NEW Registered Office Address:	TIS &	
	STE 150A	워크 후	
		$\mathbf{z}^{n}$ –	
	Tampa , FL	L33607	
the cagen was/ the a	Innited liability company is not organized under the lathange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ins of the State of Florida, it is hereby confirmed that after if the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.	
	mature of a member of authorized representative of a member	Morggn Noble	
Sig	nature of a member or authorized representative of a member	Printed or typed name of signee	
I he prov the o to m	reby accept the appointment as registered agent and aginsions of all statutes relative to the proper and complete biligations of my position as registered agent as provide crely reflect a change in the registered office address. I tellow writing with change.  The Joyn Glover - Assistantial and the complete change.	tree to act in this capacity. I further agree to comply with the eperformance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed thereby confirm that the limited liability company has been on Secretary	
Sign	nture of Registered Agent	•	

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