1 14 000 067865

(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			





000431389730

96/12/24--01027--013 **25.00

2024 JUH 12 PH 2: 40 SECRETARY SE STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SC&D WEST TENNESSEE, LL		
1	Name of Limited I	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:
GEORGE W. HATCH, III, ESQ.		
Name of Person		
GUILDAY LAW, P.A.		2024 JUH 12 PH 2: 40 SECRETARY SEE FILE FALL VIII SEE FILE
Firm/Company		RETAIN DURING
1983 CENTRE POINTE BLVD, SUITE 200		
Address		——————————————————————————————————————
TALLAHASSEE, FL 32308		72:40 FE 171E
City/State and Zip Cod	e	
george@guildaylaw.com		
E-mail address: (to be used for future	annual report noti	lication)
For further information concerning this mat	ter, please call:	
GEORGE W. HATCH, III, ESQ	at (850	224-7091
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	ing amount:	
■ \$25 Filing Fee	a :	\$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	ame of the limited liability company: SC&D WEST TE	ENNESSEE	LLC
2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8477 MIZNER CIRCLE EAST		PO BOX 47107
	JACKSONVILLE, FL 32217		JACKSONVILLE, FL 32247
	04/25/2014	L	.14000067865
3.	Date of filing/registration in Florida	4.	Document number
5. (a))		
, ,	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	GUILDAY, SCHWARTZ, SIMPSON, WEST, HATCH	& LOWE. F	P A
	Registered Office Address (MUST BE FLORIDA STREET		
	1983 CENTRE POINTE BLVD, SUITE 200		TAN THE
	TALLAHASSEE , FI	32308	POZIJUH 12 PH 2: 40 SECRETARY OF STATE STALLAHY STEEL FL
			2 T
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	f Office addi	ress:
	CEODOS W HATOU W POO		一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一
	GEORGE W. HATCH, III, ESQ.		<u> </u>
	NEW Registered Office Address:		
	1983 CENTRE POINTE BLVD, SUITE 200		
	TALLAHASSEE , FI	_32308	
Signal I heroprovise the option motified	limited liability company is not organized under the lay e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the ature of a member or authorized representative of a member obly accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change in the registered office address, I have of Registered Agent.	registered ability com of the limit limited lia	printed or typed name of signee or this capacity. I further agree to comply with the