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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: F C Scoggins L Name of Li	mited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
Freddie Charles Scage Name of Person	gins Je.			
FC Scoggins LLC Firm/Company				
8735 3rd Ave.				
Jackson Ville, FL, 322 City/State and Zip Code	208_			
FCSCOGGINS/ (CE) GM21 (E-mail address) (to be used for future annual rep	ort notification)			
For further information concerning this matter, please	call:			
Freddie C Scogins leat (904 , 652 · 8485 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 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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.

I. Na	ame of the limited liability company: <u>FCSc</u>	ogqi	ns LLC	· 	
	8735 3rd Ave	- ()		Speci Ave.	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address o	I limited liability compa	-
	Jacksonville, Florida	ک	eckson	rille, Flo	vida
	377 0 8		377 08		
3.	June 19th 2014 Date of filing/registration in Florida	4.	14000 Document nu	009806 Imber	8
5. (a)	United States Corporation	n Ag	ents, Ir	K.	
	Registered Agent and Registered Office shown on the records of the	Florida Dept. of	State:		
	Registered Office Address (MUST BE FLORIDA STREET ADI	DRESS)			
	13302 Winding Oaks		t (Suit	-e A	
	TampaFL_				
			<u> </u>		
(b)				.i 25	
	Enter name of NEW Registered Agent and/or NEW Registered Of	lice address:		2019 JAN -7	-T!
	NEW Registered Office Address:				m
	8735 3124 Ave.	<u></u>		PH 4:	\bigcup
	<u>Jacksonville</u> .FL	3220	<u>8</u>		
the cha agent w was/we	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability ere authorized by an affirmative vote of the members of the organization or the operating agreement of the limited liability.	e registered o lity company he limited lia	office and the busing, it is hereby confi- bility company or	ness office of the re rmed that the chang	gistered ge(s)
Signat	nture of a member or authorized representative of a member	Fread	ie Charles Printed or types	SCOGGINS (Jr.
provisi the obl to mere notified	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete peligations of my position as registered agent as provided for elvereflect a change in the registered office address. I her din writing of this change.	rformance of	'my duties, and I a	ım familiar with anı	d accept
menatu:	Division of Corporations P.O. Box	x 6327 ⊕ Tell	ahassee FI 3231.	4	

FILING FEE: \$25.00