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COVER LETTER

	egistration Section ivision of Corporations					
SUBJECT	SCOTT + CORMIA ARCHITECTURE	AND INTER	RIORS, LLC			
	Name of Limited Liability Company					
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.			
Please retu	urn all correspondence concerning this n	natter to the	following:			
PAIGE TU	JRNBOW					
	Name of Person					
SCOTT + 0	CORMIA ARCHITECTURE AND INTERI	ORS, LLC				
	Firm/Company		_			
429 S KEL	LER RD #200					
	Address		_			
ORLANDO	O, FL 32810					
	City/State and Zip Code		_			
pturnbow@	scottcormia.com					
E-ma	il address: (to be used for future annual	report notifi	cation)			
For further	information concerning this matter, ple	ase call:				
STACEY N	MORTENSEN	407 at (660-2766 X3043			
	Name of Person	u (Area Code & Daytime Telephone Number			
Re Di P.0	ailing Address: egistration Section vision of Corporations O. Box 6327 dlahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
En	closed is a check for the following am	ount:				
	\$25 Filing Fee	□ \$ 5	5 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.

(a)	SCOTT + CORMIA ARCHITECTURE AND INTERIORS,]	(b) SCOTT +	CORMIA ARCHITECTURE AND INTERIO
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	429 S KELLER RD SUITE 200		429 S KEL	LER RD SUITE 200
	ORLANDO FL 32810	_	ORLAND	O FL 32810
	1/6/2015 FILED 1/2/2015 EFFECTIVE		L150000021	78
	Date of filing/registration in Florida	4.		Document number
(a)	RAYMOND L SCOTT			
\ _/	Registered Agent and Registered Office shown on the records of the	e Flo	ida Dept. of State	<u>.</u> ::
	RAYMOND L SCOTT			
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRI	<u>(SS)</u>	•
	429 S KELLER RD SUITE 200			
	ORLANDO , FL ³	2810	1	
	, rL		 -	202
(b) _	MATTHEW D CORMIA			<u></u>
	Enter name of NEW Registered Agent and/or NEW Registered O	Mice	address:	2020 F.: 24
	ALL TOURS OF STATE OF			
	MATTHEW D CORMIA			10 FeV
	NEW Registered Office Address:			.
	429 S KELLER RD SUITE 200		_	့ ယ
	ORLANDO FL3	2810		
inge int w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the refull be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line	of tegistility the l	ne State of Floered office and company, it is inited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a diange in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent