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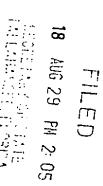
(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	Scime, LLC Name of Limited Liability Company				
		, (,)			
	ir or Madam:				
The en	closed Registered Agent/Registered Offic	ce Change and fe	e(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to the fol	lowing:		
Todd	G. Scime				
	Name of Person				
Scime	e LLC				
	Firm/Company		•		
10159	9 US Hwy. 41 S, Suite B		_		
	Address				
Gibso	onton, FL 33534		_		
	City/State and Zip Code				
scime	es2000@aol.com				
F	E-mail address: (to be used for future annu	ual report notific	ation)		
For fu	rther information concerning this matter,	please call:			
Todd	G. Scime	813 at (464-1264		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301		ahassec, Florida 32314		
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$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.

·loride				
I. Na	ame of the limited liability company: Scime, LLC			
2. (a)	10159 US Hwy 41 S. Suite B	_ (b)	Same ——	
(4-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10159 US Hwy 41 S. Suite B		Same	
	Gibsonton, FL 33534	_		
	04/22/2016	l.	160000)79475
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Todd G. Scime			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS)		_
	6539 Simone Shores Circle			
	Apollo Beach , FL	33572		TALLE
(b)	Todd G. Scime			AUG 29 PM
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	— <u> </u>
	10159 US Hwy 41 S.			2
	NEW Registered Office Address:			_ 05
	Suite B			_
	Gibsonton , FL	33534	_	
the chagent was/w the ar	limited liability company is not organized under the language or changes are made, the Florida street address of 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 nature of a member or authorized representative of a member	the registability confirmation of the limited	mpany, i ited liabi iability c	t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Cime Printed or typed name of signce
provi the ol to me notifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act e perform ed for in C hereby co	in this c ance of n Thapter t onfirm th	apacity. I juriner agree to comply with the nv duties, and I am familiar with and accep 105, F.S. Or, if this document is being filed at the limited liability company has been

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