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Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Corporations				
SUBJECT: MUT SCOOTER COMPANY LLC				
Name of Limit	ed 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:				
Lundy S. DeGrange Name of Person				
MUT SCOOTER COMPANY LLC Firm/Company				
4478 SW Athena Drive Address				
Port St. Lucie FL 34953 City/State and Zip Code				
Lundy 503 egmail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Lundy S. DeGrange at (772) 203-8722 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301	i ananassee, Fiorida 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.

1.	Na	ne of the limited liability company: MUT SCOOTER COMPANY LLC
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Port St. Lucit FL 34953 (b) Same Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		12-2-16 L14000219212
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	Hodrew P. Roberts Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		3040 Oasis Brund Blvd Apt. 1008 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		Fort Myers
		,FL_33916
	(b)	Lundy S. DeGrange Enter name of NEW Registered Agent and/or NEW Registered Office address:
		Enter name of NEW Registered Agent and/or NEW Registered Office address: 4478 SW Athena Drive NEW Registered Office Address:
		Port St. Lucie , Fl. 34953
the age wa	cha ent v s/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after age or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in a cless of organization or the operating agreement of the limited liability company.
4	ignal	und S. DeGrange ure of Amember or authorized representative of a member Lundy S. DeGrange Printed or typed name wisignee
I h pro the to t	erel ovisi obl mere	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
-316	hatu	e of Registered Agent