## 17000024326

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



400309382824

02/26/18-01022-016 \*\*25.00

LEB? TONE

## **COVER LETTER**

TO: Registration Section

Division of Corporations			
S A			
SUBJECT: Scene Ahead  Name of Limited 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 matt	er to the following:		
Sommel Parring			
Name of Person	<del></del>		
Scene Ahead			
Firm/Company	<del></del>		
12 C :+ C P1			
12 Saint Groge Plan Address			
Palm Bruh Gendens 33418  City/State and Zip Code			
E-mail address: (to be used for future annual rep			
For further information concerning this matter, please	e cati:		
at (			
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	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
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

l'ursuant 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. Name of the limited liability company: Scene	Ahead	
2. (a) 12 Saint Gaorge Place	(b) Z	Saint Grorge Place
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Palm Boad Gordons, FL	Pala	Beach Gardes, FL
33418	_ 33	3418
February 02, 2017	上1	7000026326
3. Date of filing/registration in Florida	4.	Document number
5. (a) Kierke, Tyler D		
Registered Agent and Registered Office shown on the records of t	he Florida Dept. of	f State:
8923 New Hope CT		
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>
West Palm Beach FL	33411	15-5 15-5
<u>v.                                    </u>	<u> </u>	
(b) Samuel Perrias		ÇÇ Ç
Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
		Byt
12 Saint Groge Place		- in
<u>NEW</u> Registered Office Address:		<b>₹</b> 9
		÷ G.
Palm Beach Gardons FL	33418	
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members o	the registered cability company	office and the business office of the registered, it is hereby confirmed that the change(s)
the articles of organization or the operating agreement of the	limited liability	company.
	<u> </u>	amul Parrino
Signature of a member or authorized representative of a member		Printed or typed name of signee
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I k notified in writing of this change.	ee to act in this performance of I for in Chaptei tereby confirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
Signature of Registered Agent		