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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Basilists Ellis, Name)			
(Document Number)			
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S. WARREN MAR 0 7 2018

COVER LETTER

TO: Registration Section Division of Corporations				
Scarts, LLC SUBJECT:				
	nited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Julie A. Anderson				
Name of Person				
Scarts, LLC				
Firm/Company				
7621 Tralee Way				
Address				
Bradenton, FL 34202-6010				
City/State and Zip Code				
wmvbach@gmail.com				
E-mail address: (to be used for future annual repo	rt notification)			
For further information concerning this matter, please of	all:			
Julie A. Anderson at (345 0782			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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.

l. Na	me of the limited liability company: Scarts, LLC		
2. (a)	Scarts, LLC	(b)	
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7621 Tralee Way		
	Bradenton, FL 34202-6010		
,	Date of filing/registration in Florida		Document number
3. 5. (a)	03/03/2017	4.	Document number
. (4)	Registered Agent and Registered Office shown on the records of the DAVID H ROSENBERG, ESQ.	ne Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET A		00
	SARASOTA , FL	34236	- A A A A
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> Julie A. Anderson	Office address:	R-5 PA 1.
	NEW Registered Office Address:		28 ADA
	7621 Tralee Way		
	Bradenton , FL	34202-6010	
he cha igent was/we he arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law or of a member or authorized representative of a member	the registered of bility company, f the limited liab limited liability Julie A. Ar	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. nderson Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change. The of Registered Agent	ee to act in this operformance of the left	eapacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been