L17000059729

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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TO:	Registration Section Division of Corporations		
SUBJ	SUBJECT: SC Equipment's LLC Name of Limited Liability Company		
	Name of	Entitled Entothly Company	
Dear S	ir or Madam:		
The er	closed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning this ma	atter to the following:	
	Susana M. Calsiem Name of Person		
	C Equipments L(C Firm/Company	· · · · · · · ·	
50	OF KUMQUAT Rd Address		
<u>).e</u>	st Palm Beach Fl 33! City/State and Zip Code	4/3	
<u>: .4</u>	i-mail address: (to be used for function annual)	report notification)	
1	ther information concerning this matter, plea	ase call:	
	\wedge .	a (<u>\$41) </u>	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	nclosed is a check for the following am	ount:	
	°\$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.

1. Name of the limited liability company: $\sum E G$	quipments, LIC
2. (a)	(b)
Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
5907 Kungyat Rd	
West Palm Beach, Fl 33413	
03/15/2017	L170000 (9729
3. Date of filing/registration in Florida	4. Document number
Registered Agent and Registered Office shown on the records of the I Frank Caseo Registered Office Address (MUST BE FLORIDA STREET ADI	
12485 SW 13774 Ave 212	
Miani, FL_	33/86
	Tice address:
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Off</u>	SS
niner name of NEW Registered Agent and/or NEW Registered On	
Susana M. Cabrera	PH 6
NEW Registered Office Address:	
5907 Kungunt Rd	7
West Palm Beach FI	33413
e limited liability company is not organized under the laws of ge or changes are made, the Florida street address of the reg t will be identical. Or, in the case of a Florida limited liabil were authorized by an affirmative vote of the members of the rticles of organization or the operating agreement of the lim	gistered office and the business office of the registered lity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in
ature of a member or authorized representative of a member	,,,
by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete per ligations of my position as registered agent as provided for ely reflect a change in the registered office address. I here d'in writing of this change.	to act in this capacity. I further agree to comply with the rformance of my duties, and I am familiar with and accepor in Chapter 605, F.S. Or, if this document is being fileately confirm that the limited liability company has been
re of Registered Agent	