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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)
(De	ocument Number)	· · · · · ·
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	JAN 27 2025	

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COVER LETTER

SUBJECT: SCENIC LIFESTYLE DESIGNS, LLC
Name of Limited Liability Company

Registration Section

Division of Corporations

TO:

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 f	following:
DANIELLE CUNARD Name of Person	
SCENIC LIFESTYLE DESIGNS, L. Firm/Company	<u>L</u> C
343 WHITE HERON DRIVE Address	_
SANTA ROSA BEACH, FL 32456 City/State and Zip Code	1
PANIELLE @ SCENICLIFESTYCE DESI E-mail address: (to be used for future annual report notific	EANS. COM eation)
For further information concerning this matter, please call:	
DANIELUE CUNARD at (850 Name of Person) 582 - 4981 Area Code & Daytime Telephone Number
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

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

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	me of the limited liability company: SCENIC LIFESTYLE DESIGNS, LLC
	343 WHTE HERON DRIVE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	SANTA ROSA BEACH, FL SANTA ROSA BEACH, FL
	32459 32459
	L17000153480
3.	Date of filing/registration in Florida 4. Document number
5. (a)	CUNARD, DANIELUE L Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 221 SCENIC GULF DRIVE, UNIT 230
	MIRAMAR BEACH FL 32550
	CUNARD, DANIELLE L. Enter name of NEW Registered Agent and/or NEW Registered Office address:
	343 WHITE HERON DRIVE NEW Registered Office Address:
	SANTA ROSA BEAZH
	,FL 32459
agent wi	nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered libe identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in es of organization or the operating agreement of the limited liability company.
Signatu	e of a member or authorized representative of a member Printed or typed name of signee
the oblig to merel	accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the is of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed or reflect a change in the registered office address, I hereby confirm that the limited liability company has been my writing of this change.
Signature	of Registered Agent