

L11000153480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

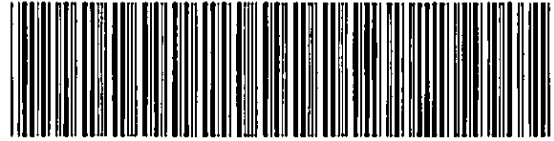
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCENIC LIFESTYLE DESIGNS, LLC
Name of Limited 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:

DANIELLE CUNARD
Name of Person

SCENIC LIFESTYLE DESIGNS, LLC
Firm/Company

343 WHITE HERON DRIVE
Address

SANTA ROSA BEACH, FL 32459
City/State and Zip Code

DANIELLE@SCENICLIFESTYLEDESIGNS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELLE CUNARD at (850) 582-4981
Name of Person 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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: SCENIC LIFESTYLE DESIGNS, LLC

SANTA ROSA BEACH, FL
32459

SANTA ROSA BEACH, FL
32459

221 SCENIC GULF DRIVE, UNIT 230
MIRAMAR BEACH, FL 32550

SANTA ROSA BEACH

, FL 32459

Danielle Carl
Signature of a member or authorized representative of a member

DANIELLE LUNARD

Danielle Carl
Signature of Registered Agent