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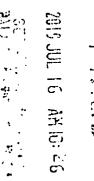
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COVER LETTER

TO: Registration Section Division of Corporations	
502010	Scale Lotus LLC e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Jamique Lawrence Name of Person	
Firm/Company	
1005 NW 319 QUL Address	
Pompano beach FL, 3300 City/State and Zip Code	<u>'99</u>
Its jamique @amail & E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Jamique Lawence Name of Person	_ at (<u>305</u>) <u>497 - 53 D9</u> 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

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability compositions the following statement in order to change its registered office or registered agent, or both, in the State

Floride	Birry	į	. (111			
	nme of the limited liability company:DIOCESCA		_	<u>(</u>			
2. (a)	Principal office address of limited liability company: 33069 (Note: MUST BE STREET ADDRESS)	b) <u>1MD</u> 	Mailing	g address of line: MAY BE P	isted liab	orjity cou	npany:
3.	19/26: / 7017 Date of filing/registration in Florida 4.	<u>L17</u>	L170002.22373 Document number				
5. (a)	Registered Agent and Registered Office shown on the records of the Flori	la Dent, of Sta	 ite:				
	Registered Agent and Registered Office shown on the records	'					
	Registered Office Address (MUST BE FLORIDA STREET ADDRES	<u>SS)</u>	_				
	6954 NW 19th Ct		_				
	Minight . FL 33	463	<u> </u>			2615 JUL 16	***
(b)	Jamique Lowrence		-		•	<u></u>	
	Enter name of NEW Registered Agent and/or NEW Registered Office :	<u>ddress</u> :			Ŧ		ï
						张山:37	
	NEW Registered Office Address:					ر —نا	
		<u> </u>	_				
	pompine beach .FL 33	sil691	_				
signa Signa I here provis he obj	imited liability company is not organized under the laws of the regard or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability ere authorized by an affirmative vote of the members of the lices of organization or the operating agreement of the limited for a member or authorized representative of a member by accept the appointment as registered agent and agree to a ligitations of my position as registered agent as provided for interest of a change in the registered agent as provided for interest of this change.	gistered office company, it mited liability co	ce and is her ity corompany of the Prin	the busines eby confirm apany or as y.	s offici ed that otherw <u>ンとい</u> ime of si	the charise pro	registerd ange(s) vided in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00