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(Red	questor's Name)	
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U2/28/19--U1069--U03 **25.06

SECRETARY OF STATE

FILED

(ic.) by/b

COVER LETTER

то:	Registration Section Division of Corporations						
SUBJECT: Scasons Financial Advisors LLC							
		lame of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning	this matter to the following:					
	Michael Kulch Name of Person	1 d					
<u>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </u>	Easons Financial A	Havisons CCC					
	31 Sarasota Cente Address		2019 FEB 2	APP FI			
	Sarasuta, FL 3424	#0	8 PH	LEO VE			
	City/State and Zip Code	= = = = = = = = = = = = = = = = = = =	بي	<u>-</u>			
	MKu+ch & Fsc adv	lisor com	9				
For fur	ther information concerning this matt	ter, please call:					
	Tichael Kutch	at (941) 377-9900					
	Name of Person	Area Code & Daytime Telephone Numbe	r				
	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 followi	ing amount:					
	□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

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 10/144	· •	ı					
I. Na	me of the limited liability company: <u>SCASONS</u>	Fre	rancia	1 Advis	ores	LLC	2
2. (a)	Principal office address of limited liability company:	_ (b)	Ma	Saraso ta	ited liabili	ity comp	any:
	(Note: MUST BE STREET ADDRESS)			Note: MAY BE Po			_
(Arasota, Florida 34240	<u></u>	Ourair	ta, Flor	-1da	<u> </u>	240
	12/06/2017	_	L17	00 0 250	0 29	3	
3.	Date of filing/registration in Florida	4.		ocument numbe			
5. (a)	Legal Inc Corporate Services Registered Agent and Registered Office shown on the records of the	m.					
, ,	_		Dept. of State:				
	1231 Varasota Center Blu	rd					
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)					
					<u>=2</u>	2019	
	Savasota, FL	34.	240)FE	API
(b)	Michael Kutch				HASSE	2019 FEB 28	FILED
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office addi	<u>'ess</u> :			PH	
	1231 Sarasota Center A	Blva			000	3.19	
	NEW Registered Office Address:						
	Sarasota, FL	34	240				
the char agent w was/we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liable re authorized by an affirmative vote of the members of cles of organization on the operating agreement of the li	he regist pility con the limit	ered office a npany, it is h ed liability o	nd the business sereby confirmed company or as o	office o	f the re	gistered ge(s)
) 1. Han		Da	VIA J. +	terrp	cr	
	are of a member or authorized representative of a member				_		
provision the oblination to mere	ry accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address. I he I in writing of this change.	e to act i erforma for in Cl ereby con	n this capac nce of my du napter 605, I ifirm that th	ity. I further ag ties, and I am fa F.S. Or, if this a e limited liabilit	ree to co imiliar v locumen y compa	omply v vith and t is bei my has	with the d accept ng filed been

Signature of Registered Agent