

418000013080
 Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : A1A REGISTERED AGENT INC.
 Account Number : I20030002032
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**LLC REGISTERED AGENT CHANGE
 SCROOS LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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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: SCROOS LLC
2. (a) 25 Weldon Road, Lake Hopatcong NJ 07849 (b) As principal
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
25 Weldon Road
Lake Hopatcong, New Jersey 07849
05/17/2018 1.13000013080
3. Date of filing/registration in Florida 4. Document number
5. (a) Katz, Brigitte Colette
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5647 110th AV NORTH
Royal Palm Beach FL 33411

(b) A1A REGISTERED AGENT INC.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
5647 110TH AVENUE NORTH
ROYAL PALM BEACH FL 33411

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

BRIGETTE KATZ
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

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