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COVER LETTER

Division of Corporations	,		
SCT SOLUTIONS LLC SUBJECT:			
	ed 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:		
LOVETTE DOBSON			
Name of Person			
INCFILE.COM LLC			
Firm/Company			
17350 STATE HWY 249 #220			
Address			
HOUSTON, TX 77064			
City/State and Zip Code			
EFILE1234@INCFILE.COM			
E-mail address: (to be used for future annual report n	notification)		
For further information concerning this matter, please call:	:		
LOVETTE DOBSON 888 at (462-3453		
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		

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.

2. (a) Principal office address of limited liability company: (Note: MAST E STREET ADDRESS) 9516 WATERFORD OAKS BLVD WINTER HAVEN, FL 33884 01/19/2018 3. Date of filling/registration in Florida Registered Agent and Registered Office shown on the records of the Florida Dept. of State: LEGALING: CORPORATE STREVICES INC. Registered Office Address: MINTER HAVEN, FL 33884 LIEROSOO17939 3. Date of filling/registration in Florida Registered Agent and Registered Office shown on the records of the Florida Dept. of State: LEGALING: CORPORATE STREVICES INC. Registered Office Address: MINTER HAVEN, FL 33897 FORT MYERS FL 33907 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Steve Closs NEW Registered Office Address: 9516 Waterford Otaks Blvd Winter Haven FL 33884 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. Suprature of a member or authorized representative of a member Printed or typed name of signee Printed	I. N	I. Name of the limited liability company: SCT SOLUTIONS LLC					
Principal office address of limited liability company: (Nate: MLY BE FOST OFFICE BOX) 9516 WATERFORD OAKS BLVD WINTER HAVEN, FL 33884 01/19/2018 1.18000017939 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of State: 1.EGALINC CORPORATE SERVICES INC. Registered Office Address (MLYT BE FLORIDA STREET ADDRESS) 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS Steve Closs NEW Registered Office Address. NEW Registered Office Address: 9516 Waterford Oaks Blvd Winter Haven FL 33884 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 changes or washed the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature W a memoer or subtorized representative of a member of the limited liability company. Signature W a memoer or subtorized representative of a member. I hereby accept the appointment are registered agent and agree to act in this capacity. If provisions of all stratuces relative to the proper and complete performance of my dates, and I om familiar with and accept the obligations of all stratuces relative to the proper and complete performance of my dates, and I om familiar with and accept the obligations of my position are registered agent as provided for in Chapter 615, F.S. Or, if his document is being the outlined or writing this charge.							
### WINTER HAVEN, FL 33884 ### Old/19/2018 L18000017939 Date of filling/registration in Florida	2. (a)	Principal office address of limited liability company:			÷ • • •		
3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: LEGALING CORPORATE SERVICES INC. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS , FL 33907 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Steve Closs NEW Registered Office Address: 9516 Waterford Oaks Blvd Winter Haven , FL 33884 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 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Stephen Closs Signature M a memore or authorized representative of a member Printed or typed name of signee Hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all strates relative to the proper and complete performance of my dates, and I am Jamiliar with and accept to mereby reflect a change in the registered affect address. Hereby confirm that the limited liability company has been filed to mereby reflect a change in the registered affect address. Hereby confirm that the limited liability company has been		9516 WATERFORD OAKS BLVD		9516 WAT	ERFORD OAKS BLVD		
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