## L18000021623

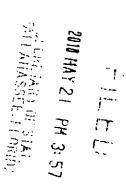
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(Address)				
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(Document Number)				
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## COVER LETTER

Division of Corporations	
SUBJECT: SCORPION FIRE and SA	fery LLC
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Colly Foldman Name of Person	<u></u>
Scorpion fine and Safety U.C.	<u>/</u>
4807 Nonty 36 TH STABET	
Hollin 33011  City/State and Zip Code	
CORLY SKOR PIDENTIRE AND SAFETY E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	all:
Coney Keldman at (3) Name of Person	us, 525-1610
Name of Person	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

## - STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

				10.5.10.1	
Pursuc submit	ant to the provisions of sections 605.0114 or 605.0116. Flo ts the following statement in order to change its registe	orida Stati red-office	ites, the under or registered	rsigned timited tiat Lagent, or both, ii	uity company 1 the State of
Florid	la "			r. L 11	/
I. Na	ame of the limited liability company: SCORPION	TRE a	ma JAF	BM CC	
2. (a)	Man Neglil 21 Th Charle	(b)			
. ,	Principal office address of limited liability company:		~	dress of limited liability	
	(Note: MUST BE STREET ADDRESS)		( <u>Note: 1</u>	MAY BE POST OFFI	E BOX)
	Hollywood, Place 09 33021		<u>.</u>		
					<del></del>
	Tangar 21 2010	,	1 - 12 nnr	02/623	
,	HANIANI 24, 2016			<del></del>	
3.	Date of filing/registration in Florida 4	1.	Docum	ent number	
5. (a)		7			
	Registered Agent and Registered Office shown on the records of the F	lorida Dept.	of State;		
	4801 NORTH 36 TH ST				
	Registered Office Address (MUST BE FLORIDA STREET ADD.	RESS)	<del></del>	201 52.1	
	1.11	2101		HAE AY	
	HOMI WOV CI. FL.	100/L/	<u></u>	21 886 886	
	Copper O Tridings			PR	(1)
(b)				77 ST 32	
	Enter name of NEW Registered Agent and/or NEW Registered Offi	ce address.		E 5	
	INDI NORTH 36 1 STREET			# <b>-</b>	
	NEW Registered Office Address:				
	NEW REGISTER Office Address.				
	1/1/2021	a.aa. 1	•		
	Hollywood , FL 3	3 <u>D</u> 2/			
If the 1	limited liability company is not organized under the laws o	if the State	of Florida, it i	is hereby confirmed	d that after
the cha	ange or changes are made, the Florida street address of the	registered	office and the	: business office of	the registered
agent was/w	will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the	ity compan e limited b	iy, it is hereby iability compa	confirmed that the	change(s) provided in
the arr	ticles of organization or the operating agreement of the limit	ited liabili	ty company.		•
	1) fal	60	lly S.	/Eldman	
Signa	afure of a member or authorized representative of a member		Printed c	or typed name of signee	
Here	eby accept the appointment as registered agent and agree to sions of all statutes relative to the proper and complete per	o act in the	is capacity. L	further agree to co	mply with the
the ob	oligations of my position as registered agent as provided for refy reflect a change in the registered office address, I here	r in Chapt	er 605, F.S. C	or, if this document	is being filed
-w mer -novifie	rely reflect a change in the registered office address, I here ed in Ariting of this change.	oy congurn	i mui ine iimii	ся намину сотра	у них песн
	h fel				
Signan	ure of Registered Agent				
U	Division of Corporations P.O. Box	6327 <b>•</b> Ta	llahassee, FL	32314	

FILING FEE: \$25.00