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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |  |  |
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## LLC REGISTERED AGENT CHANGE **SCMW LLC**

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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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.                    | Na   | une of the limited liability company:   | LLC                                     |   |   |  |                                  |
|-----------------------|--|---|---|---|---|--|----------------------------------|
| 2. (                  | (a)  |   |   | (b)   |   |  |                                  |
| . ,                   |  | Principal office address of limited liability con<br>(Note: MUST BE STREET ADDRES.  |   | Mailing addre                                     | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |  |                                  |
| 2                     |  | 01/30/18  |   | L1800   | 0026905   |  |                                  |
| 3.                    |  | Date of filing/registration in Florida  |   | 4.  | Document  | t number                               |                                  |
| 5. (a)                | UNITED STATES CORPORATION AGENTS, IN   |   |   |   |   |  |                                  |
|                       | Registered Agent and Registered Office shown on the  | of State:   | TAL                                     | TILE  |   |  |                                  |
|                       | Registered Office Address (MUST BE FLORIDA   |   | デー 22 mm                                |   |   |  |                                  |
|                       |  | 476 RIVERSIDE AVE.  |   | 25.   | = T   |  |                                  |
|                       |  | JACKSONVILLE  | . FL                                    | 32202   |   | SEL                                    | 7                                |
| (b)                   | Northwest Registered Agent LLC  Enter name of NEW Registered Agent and/or NEW Registered Office address: |   |   |   | LLAHASSEE FLORID  | 3: 52                                  |                                  |
|                       | 7901 4th St N  |   |   |   |   |  |                                  |
|                       |  | NEW Registered Office Address   |   |   | <del></del>   |  |                                  |
|                       |  | STE 300   | <del></del> .                           |   |   |  |                                  |
|                       |  | St. Petersburg  | , FL_                                   | 33702   |   |  |                                  |
| the o<br>ager<br>was: | thai<br>it w<br>/we  | mited liability company is not organized und nge or changes are made, the Florida street avail be identical. Or, in the case of a Florida life authorized by an affirmative vote of the matter of organization or the operating agreements. | ddress of t<br>imited liab<br>embers of | he registered<br>pility compan<br>the limited li  | office and the buy, it is hereby co<br>ability company                        | usiness office of<br>onfirmed that the | the registered change(s)         |
| Sų                    | grati  | ure of a member or authorized representative of a mem   | bei                                     |   | Printed or ty   | yped name of signee                    | <del></del>                      |
| prov<br>the t<br>to m | usu<br>obli<br>ere   | y accept the appointment as registered agen<br>ons of all statutes relative to the proper and a<br>gations of my position as registered agent as<br>ly reflect a change in the registered office ad<br>in writing of this change.           | complete p<br>provided<br>ldress, I he  | verformance of<br>for in Chapte<br>vereby confirm | f my duties, and<br>ir 605 FS Or  | Lam familiar wi<br>if this document    | ith and accept<br>is being filed |
|                       | والم   |   | ssistant Sec                            | cretary   |   |  |                                  |
| Stru                  | atur   | e of Registered Agent   |   |   |   |  |                                  |