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2020 JUN 29 AM 10: 44 SECRETARY OF STATE

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COVER LETTER

Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	Scott Moore Consulting LLC SUBJECT:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Scott Moore Name of Person Scott Moore Consulting LLC Firm/Company 3115 Oakmont Drive Address Avon Park, FL 33825 City/State and Zip Code Office@scottmoore.consulting E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Moore Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303	Name of Lir	mited Liability Company	
Please return all correspondence concerning this matter to the following: Scott Moore Name of Person Scott Moore Consulting LLC Firm/Company 3115 Oakmont Drive Address Avon Park, FL 33825 City/State and Zip Code Office@scottmoore.consulting E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Moore at (1) Name of Person Area Code & Daytime Teleph Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303	Dear Sir or Madam:		
Scott Moore Name of Person Scott Moore Consulting LLC Firm/Company 3115 Oakmont Drive Address Avon Park, FL 33825 City/State and Zip Code Office@scottmoore.consulting E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Moore Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Name of Person Name of Person Area Code & Daytime Telephology Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303	The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.	
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City/State and Zip Code Office@scottmoore.consulting E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Moore 615 9721652 Name of Person Area Code & Daytime Teleph Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 City/State and Zip Code P721652 P721652 Area Code & Daytime Teleph Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32303	Address	2020 JUN 29 SECRETARY TALLAHA	
Office@scottmoore.consulting E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Moore at (Avon Park, FL 33825		7
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Scott Moore Scott Moore	City/State and Zip Code	AM IO: 14	
For further information concerning this matter, please call: Scott Moore Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Possible Matter (15 processed at (15		• •	
Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Para Code & Daytime Teleph Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	E-mail address: (to be used for future annual repo	ort notification)	
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
■ \$25 Filing Fee	-		

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.	Name of the limited liability company: Scott Moore Con	sulting L	LC		
2. (a					
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(<u> </u>	Mailing address of limit	ited liability company:
	3115 Oakmont Drive		3115 Oak	mont Drive	
	Avon Park, FL 33825		Avon Parl	k, FL 33825	
	03-01-2018		L18000049	123	
3.	Date of filing/registration in Florida	4.		Document number	Г
5. (a					
(-	Registered Agent and Registered Office shown on the records of			te;	
	Scott Moore				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	Sį	_	
	15 Paradise Plaza				20 S
	Sarasota , F	L_34239	-	_	ECRE
					1 N N N N N N N N N N N N N N N N N N N
(b	,			_	29 AMI
	Enter name of NEW Registered Agent and/or NEW Registered	d Office at	ddress:		SHE ST
	Scott Moore				FILED 1020 JUN 29 AM 10: 44 SECRETARY OF STATE TALLAHASSEE. FL
	NEW Registered Office Address:			_	[T] *
	3115 Oakmont Drive			_	
	Avon Park	33825 L			
ehang agent was/v the as	dimited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere apphorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e register iability co of the line limited	ed office ar ompany, it i nited liabilit	nd the business officiss hereby confirmed ty company or as of npany.	ce of the registered I that the change(s) therwise provided in
_	nature of a member or authorized representative of a member			Printed or typed name	-
provi the o	ebv accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to ac. e perform ed for in (hereby c	t in this cap ance of my Chapter 60, onfirm that	acity. I further agr duties, and I am Jai 5, F.S. Or, if this do the limited liability	ee to comply with the miliar with and accept ocument is being filed company has been
Signa	ture of Registered Agent				