## 115000064030

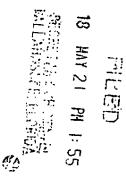
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(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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O SIMMONS MAY 2.3 2018

## 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.

i. Na	me of the limited liability company: Scouts Retail	Stores	LLC		
2. (a)	623 Front St., #5305, Celebration, FL 34747	(h	623 Fro	ont St., #5	5305, Celebration, FL 347
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0		Mailing addr	ress of limited liability company:  AY BE POST OFFICE BOX)
	764 Celebration Avenue, #302		764 Cel	ebration	Ave. #302
	Celebration, FL 34747	<del>-</del>	Celebra	tion, FL	34747
	03/12/2018		L180000	064030	
3.	Date of filing/registration in Florida	4.		Documen	t number
5. (a)	Martin W.Boelens				
J. (u)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	- e:	
	623 Front Street #5305, Celebration, FL 347	47			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	_	
	764 Celebration Ave. #302			_	
	Celebration , FL	34747		_	
(b)	Martin W Boelens				TALED WY 21 PH
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office ado	dress:	-	
	623 Front Street #5305, Celebration, Fl 3474	<b>17</b>		_	新·二
	NEW Registered Office Address:				<u> </u>
	764 Celebration Ave, #302			-	AS N
	Celebration , FL	34747		_	
the cha agent was/we the arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regis bility co f the lim limited l	tered officempany, it is ited liability contacts.	e and the b s hereby c sy company npany.	ousiness office of the registered onfirmed that the change(s)
Signal	ture of a member or authorized representative of a member			Printed or	typed name of signee
the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete i igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change for the change of Registered Agent	ee to act performe I for in C ereby co	in this cap unce of my Thapter 60: onfirm that	acity. I fu duties, and 5, F.S. Or, the limited	rther agree to comply with the d I am familiar with and accept , if this document is being filed d liability company has been
1	· ·				