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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Northcut Scapes lic			
Name	of Limited L	iability 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:	
Rute E de Souza			
Name of Person			
Northcut Scapes			
Firm/Company	<u> </u>		
501 N. Orlando Ave Suite 313-112			
Address			
Winter Park, FL 32789			
City/State and Zip Code	_	_	
Northcut@gmx.com			
E-mail address: (to be used for future annua	l report notif	īcation)	
For further information concerning this matter, pl	ease call;		
Rute E de Souza	407	5357809	
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	MAH.ING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following ar	mount:		
☐ \$25 Filing Fee	2 S:	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.

1. Na	ame of the limited liability company: Northcut	Scapes IIc					
2. (a)	501 N. Orlando Ave Suite 313-112	(b)	501 N. Orlar	ndo Ave Su	ite 31	 3-112	
	Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				, ,
	Winter Park, FL 32789		Vinter Park,	FL 32789			
						_	
	05/14/2018	Ļ	1800012065	6			
3.	Date of filing/registration in Florida	4.	Doct	ament numbe		-	
5. (a)	Rute E de Souza						
,,	Registered Agent and Registered Office shown on the record	ds of the Florida De	ept. of State:				
	501 N. Orlando Ave						
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)					
	Winter Park	_{FI} 32789			<u>-</u> .	~	
	Alexandre Vieira					918	tia .
(b)	Enter name of NEW Registered Agent and/or NEW Regist						tuac _{ra} ,
	tane hanc of St. Wegstered Agent and/or NEW Regist	terea Office addre	<u>w</u> :		.,	5 7	# 15 es
	Same				••		i
	NEW Registered Office Address:				The state of the s	ထ	• ;
	501 N. Orlando Ave				·	0/	
	Winter Park	. FL 32789					
the cha agent v was/we the arti	imited liability company is not organized under the inge or changes are made, the Florida street addressyll be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cless of organization or the operating agreement of the of a member of a member or authorized representative of a member obvious of the appointment as registered agent and company of all statutes relative to the proper and company igations of my position as registered agent as provider reflect a change in the registered office address the registered of this change.	is of the registered liability compers of the limited liability the limited liability Rute I	ed office and coany, it is here d liability company E de Souza Printe	the business of by confirmed pany or as of the dorward name.	office of that the herwise of signe	f the ree chan e provi	egistered ge(s) ded in
777	ely reflect a change in the registered office addres. Fin writing of this change. GO & Cle Secret te of Registered Agent	s. I héreby conf.	irm that the lin	nited liability	· compa	iny has	heen .
rgnatuiجی	re or Registered Agent						