118000 157288

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Osomoso Emily Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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I ALBRITTON

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|----------------------|-----------------------------------------------|--------------------------------------------------|
| SUBJE | Natscape, LLC | |
| | Nar | ne of Limited Liability Company |
| Dear Si | r or Madam: | |
| The end | closed Registered Agent/Registered Of | fice Change and fee(s) are submitted for filing. |
| Please 1 | return all correspondence concerning th | nis matter to the following: |
| Drew | Dolan | |
| | Name of Person | ·· ······ |
| NatSc | ape, LLC | |
| | Firm/Company | |
| 7619 I | Henry Ave. | |
| | Address | |
| West | Melbourne | |
| | City/State and Zip Code | |
| NatSc | apeFL@gmail.com | |
| E- | mail address: (to be used for future and | nual report notification) |
| For furt | her information concerning this matter | , please call: |
| Drew I | Dolan | 321 223-6147 at() |
| | Name of Person | Area Code & Daytime Telephone Number |
| | STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | | Registration Section |
| | Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 |
| | 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| | Tallahassee, Florida 32301 | rananassee, t longa 32314 |
| | Enclosed is a check for the following | g amount: |
| | 2 \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits 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: Natsca | pe, LLC | | | | |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------|-------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------|
| 2. (a) | 7619 Henry Ave. West Melbourne, FL. | 32904 | (b) | 7619 He | enry Ave. We | est Melbourne, FL.3 |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | | | | | | |
| | 6-27-2018 | | Į | _1800015 | 57288 | |
| 3. | Date of filing/registration in Florida | | 4. | | Document nun | nber |
| 5. (a) | United States Corporation Agents, Inc | :. | | | | |
| , (a) | Registered Agent and Registered Office shown on the re | - e: | | | | |
| | 13302 Winding Oak Court Tampa, FL | 33612 | | | | |
| | Registered Office Address (MUST BE FLORIDA S | TREET AD | DRESS) | <u> </u> | _ | |
| | 13302 Winding Oak Court | | | | | |
| | Tampa | 33 | 3612 | | - | 20 |
| | | , FL | | | - | 2919 |
| (b) | Drew Dolan | | | | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Re | egistered Of | fice add | ress: | - | 12 |
| | 7619 Henry Ave. West Melbourne, FL | 32904 | | | | P1112: |
| | NEW Registered Office Address: | | | | - | ಲೈ |
| | 7619 Henry Ave. | | | | _ | C |
| | West Melbourne | _{FL} 32 | 2904 | | | |
| f the la | imited liability company is not organized under inge or changes are made, the Florida street add | r the laws | of the S | State of Flo | orida, it is hereb and the busine | by confirmed that after ess office of the register |
| igent v vas/wo | will be identical. Or, in the case of a Florida linere authorized by an affirmative vote of the medicles of organization or the operating agreement | nited liabi mbers of tl | lity cor he limi | mpany, it is ted liabilit | s hereby confirm y company or as | ned that the change(s) |
| | 12 'b' | | Drev | v Dolan | | |
| Signal | ture of a member or authorized representative of a membe | r | | | Printed or typed n | name of signee |
| provisi he obl o mere | by accept the appointment as registered agent of ons of all statutes relative to the proper and colligations of my position as registered agent as pely reflect a change in the registered office add thin writing of this change. | mpleje pe | rforma | nce of mil | duties and Lam | r familiar with and acco |
| Signatu | re of Registered Agent | | | | | |