

L18 000 195 736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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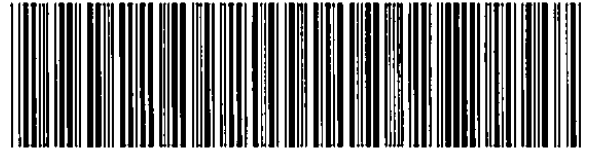
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 16 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The St. Augustine Scoop L.L.C.
Name of Limited Liability 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:

Brent Beckett

Name of Person

The St. Augustine Scoop L.L.C.
Firm/Company

4000 Grande Vista Blvd #110, St. Augustine, FL 32084
Address

St. Augustine, FL 32084
City/State and Zip Code

brentbeckett@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brent Beckett at (603) 969-3922
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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
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: The St. Augustine Scoop L.L.C.

2. (a) 78A San Marco Ave (b) _____
Principal office address of limited liability company: Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

St. Augustine FL
32084

3. 8. 28 2018 4. SS-4
Date of filing/registration in Florida Document number

5. (a) Northwest Registered Agent L.L.C.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4th ST N
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 300
ST. Petersburg, FL 8 FL 33702

(b) Brent Beckett
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4000 Grande U.S. blvd # 110
NEW Registered Office Address:

St. Augustine, FL
_____, FL 32084

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that at the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Brent Beckett
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00