

L18000222594

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

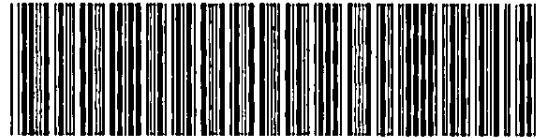
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C Scope IT, LLC

\_\_\_\_\_  
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:

Christopher R Goodnough

\_\_\_\_\_  
Name of Person

C Scope IT, LLC

\_\_\_\_\_  
Firm/Company

3822 Sw Coquina Cove Way #208

\_\_\_\_\_  
Address

Palm City, FLORIDA 34990

\_\_\_\_\_  
City/State and Zip Code

cscopeit@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Goodnough

772 631-3558  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 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: C Scope IT, LLC
2. (a) 3526 Sw Armellini Ave  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Palm City, FL 34990
- (b) 3822 Sw Coquina Cove Way #208  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Palm City, FL 34990
3. 4/25/2022  
Date of filing/registration in Florida
4. L18000222594  
Document number
5. (a) UNITED STATES CORPORATION AGENTS, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
5575 S. SEMORAN BLVD  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 36  
ORLANDO, FL 32822
- (b) AMERI-TECH PLUMBING INC 3526 SW ARMELLINI AVE PALM CITY  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
FL 34990  
3526 Sw Armellini Ave  
NEW Registered Office Address:  
Palm City  
FL 34990

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of a member or authorized representative of a member  
Christopher Goodnough Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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