L19000241454

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500335959555

19/22/19--91986--914 +•55.88

19 CCT 28 MI IO: 40

NOV 21 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jat Scooter 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:
Carlos Raminat Name of Person
Jat Scotar LLC Firm/Company
1065 94th Street
Bzy herbor Island Fl 33159 City/State and Zip Code
Tet-Scoter Chatmeil. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carlos Paris Code & Daytime Telephone Number 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

🕱 \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☐ \$25 Filing Fee

Enclosed is a check for the following amount:

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. Name of the limited liability company Mailing address of limited liability company: Principal office address of limited liability company MUST BE STREET ADDRESS) (Note. Document number 4. g/registration in Florida 3. Office shown on the secords of the Florida Dept. of State. (MUST BE FLORIDA STREET ADDRESS) Registered Office Address Enter name of NEW Registered Agent and/or NEW Registered Office address NEW Registered Office Address 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 anyrmative 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 Printed or typed name of signee Signature of a member or authorized representative of a member 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 jamiliar 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 to change in the registered office address. Thereby confirm that the limited liability company has been wri**kly**g of this change. notifiec of Registered Agent Signature

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