Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations Fax Number : (850)617-6	383	7020 SEP
From:	:		
	Account Name : REGISTERED Account Number : I200900000) AGENIS INC. 081	۱ کـ
	Phone : (307)200-2	2803	3
	Fax Number : (855)330-1	1010	ō
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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: Scale-S	hop l	LC.					
2. (a)	364 ARELLA WAY Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SAINT JOHNS, FL 32259		(b) 364 ARELLA WAY					
2, ()			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SAINT JOHNS, FL 32259					
	10/01/2019		L190002	46730				
3.	Date of filing/registration in Florida	4,	1	Document number				
5. (a)	UNITED STATES CORPORATION AGEN	ITS, INC). 					
(4)	Registered Agent and Registered Office shown on the records 5575 S. SEMORAN BLVD. Registered Office Address (MUST BE FLORIDA STREE) 36							
		_{FL} 3282	22		7	PD		
(b)	Registered Agents Inc.				7020 SEP	,]		
	Enter name of NEW Registered Agent and/or NEW Register		1					
	7901 4th St N			•	φ Δ	17		
	NEW Registered Office Address:			-	Ö	9		
	STE 300			•	53			
	St. Petersburg	FL_337(02					
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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.

Riley Park

Signature of a member or authorized representative of a member

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.

Bill Havre - Assistant Secretary

Signature of Registered Agent