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## **COVER LETTER**

TO:	Registration Section Division of Corporations		` `		
SUBJI	SCRATCH SEVENTEEN, LLC J <b>BJECT:</b>				
		Name of Limited L	iability Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.		
Please	return all correspondence concernir	ng this matter to the	following:		
DAVE	Y T. JAY				
	Name of Person	<del>-</del>			
меен	LE & JAY, PA				
	Firm/Company		<u> </u>		
1215 E	CONCORD ST				
	Address		<del></del>		
ORLA	NDO, FL 32803				
	City/State and Zip Co	de	<u> </u>		
susan@	scratchseventeen.com				
	-mail address: (to be used for future	annual report notif	ication)		
For fu	ther information concerning this ma	atter, please call:			
DAVE	Y T. JAY	407 at (	792-0790		
	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 follow	wing amount:			
	■ \$25 Filing Fee	□ s	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.

a)		(b)	
P1	rincipal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
12/18/20	19		000000995
•	Date of filing/registration in Florida	——	Document number
SUSAN	M. WILLIAMS		
Registere	d Agent and Registered Office shown on the record	ds of the Florida Dept	i. of State:
Registere	d Office Address (MUST BE FLORIDA STRI	EET ADDRESS)	
ORLAN	IDO	, FL_32804	
DAVEY			2021 NOV 16 MM 6: 41 SECRETARY OF STATE TALLLAHASSEE, FL
	ne of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	tered Office address	
меені	E & JAY PA		OV 16 AM 6: 41 RETARY OF STATE LLAHASSEE, FIL
<u>NEW</u> Re	gistered Office Address:	<del>-</del>	TAT L
1215 E	CONCORD ST		
ORLAN	IDO	FL_32803	
ge or chang will be id- vere autho	ges are made, the Florida street address of entical. Or, in the case of a Florida limite rized by an affirmative vote of the memb- rganization or the operating agreement of	f the registered of ed liability compa ers of the limited the limited liabil	e of Florida, it is hereby confirmed that after fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided ity company. N LANGLEY
N. Yankala	NIPOLO		

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.

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

Signature of Registered Ageny