

Division of Corporations

Florida Department of State  
Division of Corporations  
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# L20000342603

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From: Account Name : LEGALZOOM.COM INC.  
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## LLC REGISTERED AGENT CHANGE SC CABINET DESIGNS LLC

Certificate of Status	0
Certified Copy	1
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T. LEMIEUX  
DEC 28 2021

# 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.

SC CABINET DESIGNS LLC

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

4078 WESTBOURNE CIR.

SARASOTA, FL 34238

10/28/2020

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

4078 WESTBOURNE CIR.

SARASOTA, FL 34238

L20000342603

3. Date of filing/registration in Florida 4. Document number

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

UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5575 S. SEMORAN BLVD., 36

ORLANDO, FL 32822

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

Stephen N Cafarelli

NEW Registered Office Address:

4078 WESTBOURNE CIR.

Sarasota, FL 34238

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 of a member or authorized representative of a member

Stephen N Cafarelli

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 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 of Registered Agent

Stephen N Cafarelli

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