

L210000014026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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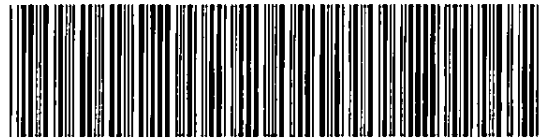
Certificates of Status _____

Special Instructions to Filing Officer:

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 06/11/24 BY 60324

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S. PRATHER

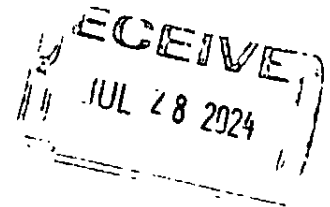


FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2024

STEEL COMMANDER COR
SHAWN FISHER
2200 NW CORPORATE BLVD, SUITE 410
BOCA RATON, FL 33431

SUBJECT: SCC, LLC OF NORTH AMERICA
Ref. Number: L21000014026



We have received your document for SCC, LLC OF NORTH AMERICA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 824A00015176

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SCC, LLC OF NORTH AMERICA
Name of Corporation

DOCUMENT NUMBER: L21000014026

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shawn Fisher

Name of Contact Person

Steel Commander Cor

Firm/Company

2200 NW Corporate Blvd., Suite 410

Address

Boca Raton, FL 33431

City/State and Zip Code

shawn@steelcommandercorp.com

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

For further information concerning this matter, please call:

Shawn Fisher

at (844) 722-4766
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

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

**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: SCC, LLC OF NORTH AMERICA
2. (a) 2200 NW Corporate BLVD, Suite 410, Boca Raton, FL 33431
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 2200 NW Corporate BLVD, Suite 410, Boca Raton, FL 33431
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 01/04/2021 Date of filing/registration in Florida
4. L21000014026 Document number

5. (a) DAVID J. KIM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2200 NW Corporate BLVD, Suite 410

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Boca Raton, FL 33431

- (b) SHAWN FISHER
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2200 NW Corporate BLVD, Suite 410

NEW Registered Office Address:

Boca Raton, FL 33431

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 member or authorized representative of a member

SHAWN FISHER, MANAGER

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 of Registered Agent

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