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(Requ	estor's Name)		
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(City/State/Zip/Phone #)			
PICK-UP		MAIL	
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(Document Number)			
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#### **COVER LETTER**

### TO: Registration Section Division of Corporations

SUBJECT: 968 SCENIC OAK 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:

Melissa Jones

Name of Person

ZenBusiness Inc.

Firm/Company

336 E. College Ave. Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

ra@zenbusiness com

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

For further information concerning this matter, please call:

844 493-6249 at ()
Area Code & Daytime Telephone Number
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 following amount:

**\$25 Filing Fee** 

\$55 Filing Fee & Certified Copy

**CIL ED** 2022 JUL 15 PH I2: 59 TALLAHASSEE, FL

## '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 affice or registered agent, or both, in the State of Florida.

1. N	name of the limited liability company: 968 SCEN	IC (	DAK LLC	
2. (a)	913 BEAL PARKWAY NW	ſ	913 BEAL PARKWA	Y NW
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liab (Note: MAYBE POST OF	
	STE A-188		STE A-188	<u> </u>
	FORT WALTON BEACH, FL 32547	-	FORT WALTON BEACH	, FL 32547
	03/09/2021		L21000112614	
3.	Date of filing/registration in Florida	4.	Document number	· · · · · · · · · · · · · · · · · · ·
5. (a	Registered Agents Inc.			
	Registered Agent and Registered Office shown on the records of the 7901 4th St N	e Florid	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET AL STE 300	DDRES		J 2022 J
	St. Petersburg , FL	3702	Idress:	2022 JUL 15
(b)	ZenBusiness Inc		SFS	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	)ffice ad	Idress:	ч С
	336 E. College Ave.		-	Q
	NEW Registered Office Address:			
	Suite 301			
	Tallahassee 5	2301		
If the chang	limited liability company is not organized under the laws e or changes are made, the Florida street address of the n	of the	State of Florida, it is hereby confirm ed office and the business office of th	ed that after the e registered

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.

/s/ Nicholas Lynn Kibe	Nicholas Lynn Kibe	
Signature of a member or authorized representative of a member	Printed or typed name of signee	
provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept of for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been	

Signature of Registered Agent