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(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scenic Environmental, 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:

Pennington, PA c/o Rachel Givens

Name of Person

Pennington, PA

Firm/Company

215 South Monroe Street, Suite 200

Address

Tallahassee/FL 32301

City/State and Zip Code

rgivens@penningtonlaw.com

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

For further information concerning this matter, please call:

Rachel Givens	850	222-3533
<u>Name of Person</u>	at (<u>Area Code & Daytime Telephone Number</u>

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 following amount:

\$25 Filing Fee

\$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.

1. Name of the limited liability company:	Scenic Environmental, LLC		
2. (a) 7450 County Hwy 280 E, Defuniak Springs, FL 32435	Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	(b) 7450 County Hwy 280 E, Defuniak Springs, FL 32435	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
7450 County Hwy 280 E, Defuniak Springs, FL 32435		7450 County Hwy 280 E, Defuniak Springs, FL 32435	
<hr/> <hr/>			
3/19/2021		1.21000130788	
3. Date of filing/registration in Florida	4. _____	Document number	
5. (a) Shannon Seigler	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Shannon Seigler		
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>			
7450 County Hwy 280 E			
Defuniak Springs, FL 32435			
(b) Rachel Givens	Enter name of <u>NEW</u> Registered Agent and/or <u>NEW</u> Registered Office address:		
Rachel Givens			
<u>NEW</u> Registered Office Address:			
215 South Monroe Street, Suite 200			
Tallahassee, FL 32301			

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.

Lyle Seigler

Signature of a member or authorized representative of a member

Lyle Seigler

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.

Rachel Givens

Signature of Registered Agent

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

26-34, Feb 16 AM 6:37

ED

STATE OF FLORIDA
, DEFUNIAK SPRINGS, FL