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## COVER LETTER

## TO: Registration Section Division of Corporations

SUBJECT:

ScotLee Productions 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:

Filing Dept

Name of Person

BetterLegal Solutions LLC

Firm/Company

## 750 North Saint Paul St Suite 250, PMB 35833

Address

Dallas, TX 75201

City/State and Zip Code

jnmdutton@gmail.com

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

For further information concerning this matter, please call:

Filing Dept	512 969-2339 at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
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. Na	ame of the limited liability company:	ductions	S LLC				
2. (a)		(b					
	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )		У	Mailing address of <u>(Note: MAY BE</u>		-	• •
	4673 TAYLOR LN		4673 TA	YLOR LN			
	GRAPEVINE, TX 76051		GRAPEVINE, TX 76051				
	04/13/2021		L210001	71669			
3.	Date of filing/registration in Florida	4.		Document nun	nber	······	
5. (a)	KEVIN DUTTON						
	Registered Agent and Registered Office shown on the records of 1234 11TH ST N	The Florida	Dept, of State	- 2:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	-		2021 JUL	pr 1995 pr -
	ST. PETERSBURG, FI	33705		-		JUL - 6	۲ ار 
(b)	Registered Agents Inc				۲		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	• •	AH IO: 3	مراجع الم الم
	7901 4th St N STE 300				۲ <sup>ــ</sup> . ،	37	
	NEW Registered Office Address:			-			
	St. Petersburg	33702					
the cha agent y	imited liability company is not organized under the la inter or changes are made, the Florida street address o yll be identical. Or, in the case of a Florida limited h authorized by an affirmative vote of the members the forganization or the operating agreement of the	f the regis iability ec of the lim	stered office ompany, it is ited liability	e and the busine s hereby confirm y company or a	ess offic med tha	e of th t the cl	e registered
	<u> </u>			Jennife			
-	ture of a member or authorized representative of a member			Printed or typed i		-	
i nerei provisi	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete	ree to act • perform	in this cape ance of my o	acity. 1 Jurther duties. and I an	agree 1 1 Iamilia	o com ar with	ny with the and accept

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