

h21 000 2107 36

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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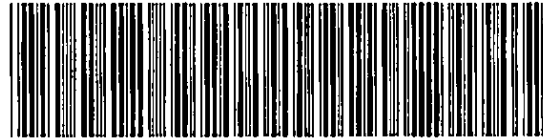
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

C. BRUMBLEY
JAN 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scenic Auto 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:

Rakesh Mahadeo
Name of Person

Scenic Auto LLC
Firm/Company

900 N Scenic Hwy
Address

Frostproof FL 33843
City/State and Zip Code

Mahadeo Rakesh@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rakesh Mahadeo at (854) 591-9666
Name of Person Area Code & Daytime Telephone Number

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 Auto LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

900 N Scenic HWY Frostproof
FL 33843

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

11585 NW 43RD Street
Coral Springs FL 33065

3. 05/05/2021 Date of filing/registration in Florida 4. L21000210736 Document number

5. (a) United States Corporation Agents, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5575 S. Semoran Blvd
Suite 36 Orlando, FL 32822

(b) Rakesh Mahadeo

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

NEW Registered Office Address:

900 N Scenic HWY
Frostproof, FL 33843

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]
Signature of a member or authorized representative of a member

Rakesh Mahadeo
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]
Signature of Registered Agent

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CLERK OF COURT
STATE OF FLORIDA