L21000396214

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J.J. 775		
NOV - 1, 2023		

Office Use Only



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10/27/23--01013--002 **35.00

2023 OCT 27 AMIO: 58 SECRETARY OF STATE

COVER LETTER

Amendment Section

TO:

Division of Corporations	
The Location Scouts LLC	
SUBJECT: The Location Scouts LLC Name of Corporation	
Traine of corporation	
DOCUMENT NUMBER: L21000396214	
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Haley L Martin	
Name of Contact Person	
The Location Scouts LLC	
Firm/Company	
1367 Auburn Lakes Drive	
Address	
Rockledge, FL 32955	
City/State and Zip Code	
mylocationscouts@gmail.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	se call:
Haley L Martin	at (321)305-9444 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	partment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statute, ized under the laws of the State of Florida	
·	he corporation: The Location Scouts LLC	ered agent, or both, in the State of Florida	
2. The principal	office address: 1367 Auburn Lakes Drive,	Rockledge, FL 32955	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/01/2021	Document number:	
	I street address of the current registered as tment of State: (If resigned, enter resigne	gent and registered office on file with the	
	Haley L Martin		_ •
	3270 Suntree Blvd, Suite 2223	=	FIL 2023 OCT 27 SECRETAR
	Melbourn, FL 32940	P	FI CI 2
6. The name and (if changed):	I street address of the new registered ager	; , , , , , , , , , , , , , , , , , , ,	ARY OF STATE
	Haley L Martin	·	ି 5
	1367 Auburn Lakes Drive		
	NOT acceptable		
	Rockledge, FL 32955		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its regis	tered agent,
Such change wa authorized by the	as authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an office tified in writing of the change.	r so
Tale	y L Martin	Owner/Manager	
-	of an officer or director	Printed or typed name and title	
I further agree of my duties, an document is bei	the appointment as registered agent and to comply with the provisions of all state of a land accept the obling filed merely to reflect a change in the been notified in writing of this change.	utes relative to the proper and complete j igation of my position as registered agen e registered office address, I hereby conj	performance t. Or, if this firm that the
Hole	of Martin	10/24/23	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
The Location Sc	outs LLC		
Т	vped or Printed Name		

* * * FILING FEE: \$35.00 * * *