## 121000479989

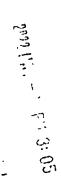
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## COVER LETTER ...

TO:	_	stration Section sion of Corporations		
SUBJI	ECT:	Scarborough Online Ventures LL	_C	
		Na	me of Limite	d Liability Company
Dear S	Sir or N	Aadam:		
The en	closed	l Registered Agent/Registered Of	fice Change a	and fee(s) are submitted for filing.
Please	return	all correspondence concerning th	is matter to t	he following:
Cynthi	ia S¢a	rborough		
		Name of Person		<del></del>
Scarbo	orough	Online Ventures LLC		
	• •	Firm/Company		<del></del>
208 R	onnoc	Lane		
		Address	····	<del></del>
New S	Smyrna	a Beach, FL 32168		
		City/State and Zip Code		
scarbo	orough	onlineventures@gmail.com		
E	E-mail	address: (to be used for future an	nual report no	otification)
For fur	ther ir	nformation concerning this matter	, please call:	
Cynthi	ia Sca	rborough	386 at (	444-0558
		Name of Person	at (	Area Code & Daytime Telephone Number
	Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee. FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Encl	osed is a check for the following	g amount:	
	<b>⊕</b> \$2	25 Filing Fee	Ō	\$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.

		_ (	b)			
	Principal office address of limited liability company:  (Note: MUST BE STREET (DDRESS)				mited liability company: POST OFFICE BOY	
	208 Ronnoc Lane		208 Ror	nnoc Lane	oc Lane	
	New Smyrna Beach, FL 32168	New Smyrna Beach, FL 32168				
	November 5, 2021		L210004	<b>19989</b>		
	Date of filing/registration in Florida	4.		Document numb	per	
. (a)				_	~3	
	Registered Agent and Registered Office shown on the records of t	he Floric	la Dept. of St	tate:	200	
	Cyntinia Scarborougii			_		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>:5)</u>		1.	
	208 Ronnoc Lane				,	
	New Smyrna Beach	32168			<u>:</u>	
	, rL				သ <u>ူ</u>	
(b)	Zackary Close				. O	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	<del></del>		
	NEW Registered Office Address:		<del>.</del>			
	1317 Edgewater Drive, #4879, Orlando FI, 32804					
	To 17 Edgewald, Diffe, Williams 11, 62601			<del></del>		
	FI.					
hange gent v /as/wo ie arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	s of th register bility c f the lii	red office a ompany, it nited liabil	and the business of is hereby confirm lity company or as	fice of the registered ed that the change(s)	
hange gent v 'as/wo ie arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	vs of th registe bility c f the lin limited	red office a ompany, it nited liabil liability co	and the business of is hereby confirm lity company or as ompany. borough (Member)	fice of the registered ed that the change(s) otherwise provided in	
hange gent v /as/wo ie arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members o	vs of th registe bility c f the lin limited	red office a ompany, it nited liabil liability co	and the business of is hereby confirm lity company or as ompany.	fice of the registered ed that the change(s) otherwise provided in	

Signature of Registered Agent