Florida Department of States

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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Phone Fax Number : (561)214-8442

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## LLC REGISTERED AGENT CHANGE SCOOP INVESTMENTS III, LLC

Certificate of Status	0
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Page Count	02
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2022 AU -- 9 CT 1: 25

AUG 10 2022

## 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: SCOOP INVE	STME	NTS III, LL	LC
2. (a)		(t	o)	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10960 Wilshire Blvd., 5th Floor		10960 W	Wilshire Blvd., 5th Floor
	Los Angeles, California 90024	_	Los Ange	geles, California 90024
	03/03/2022		L220	000089738
3.	Date of filing/registration in Florida	<b>4</b> .		Document number
5. (a)	KLUGER, ADAM			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRESS		_
	4000 HOLLYWOOD BLVD., SUITE 555-S			
	HOLLYWOOD , FL	3302	1	-
(b)	eResidentAgent, Inc.			
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	<u>dress</u> :	202
	00112012			FIL 2022 AUG - 9
	801 US Highway 1			- 5 5 7
	NEW Registered Office Address:			FILED G-9 F
				70 X
	North Palm Beach , FL	334	08	2: 2! SIAF Loan
the cha agent v was/w	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light ere authorized by an affirmative vote of the members of the organization or the operating agreement of the	the regi ability co of the lin limited	stered office ompany, it is nited liability liability com	orida, it is hereby confirmed that after e and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
		E	rika A. Easte	ter, Authorized Person
	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ee to ac perform d for in ( hereby c	t in this cape ance of my e Chapter 605 onfirm that t	vacity. I further agree to comply with the duties, and I am familiar with and acces, F.S. Or, if this document is being file the limited liability company has been

Signature of Registered Agent