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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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Office Use Only



COVER LETTER

TO: Registration Section Division of Corporations		
PAW SCAPE LLC SUBJECT:		<u> </u>
Nam	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
RAYMOND REIERSEN		
Name of Person		
PAW SCAPE LLC		22
Firm/Company		AUG
116 MARLIN DRIVE		29 PM 4: 29
Address		PH 4:
OCEAN RIDGE, FL 33435		: 29
City/State and Zip Code		
PARLETTEFLOORING@AOL.COM		
E-mail address: (to be used for future ann	ial report notification)	
For further information concerning this matter,	please call:	
RENEE REIERSEN	561 248-5514 at ()	
Name of Person	Area Code & Daytime Teleph	none 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, St Tallahassee, FL 32303	
Enclosed is a check for the following	amount:	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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.

PAW SCAPE LLC	(1	(b) PAW SCAPE LLC Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)					
116 MARLIN DRIVE		116 MARLIN DRIVE			
OCEAN RIDGE, FL 33435		OCEAN	RIDGE, FL 33435		
05/31/2022		L2200023	4190		
Date of filing/registration in Florida	4.		Document number		
SPIEGEL & UTRERE, P.A.					
Registered Agent and Registered Office shown on the re	ecords of the Florid	a Dept. of S	tate:		
SPIEGEL & UTRERE, P.A.				22	<u></u>
Registered Office Address (MUST BE FLORIDA S	STREET ADDRES	<u></u>	_	2 AUG	- 1
1840 SOUTHWEST 22ND STREET, 4TH FLOO	OR				E.
MIAMI	, FL ³³¹⁴⁵	<u> </u>	_	29 PH	r coa
RENEE REIERSEN	· •		-	£.	Ú:;;;
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	legistered Office a	ddress:	_ -	29	<u>. </u>
RENEE REIERSEN					
NEW Registered Office Address:					
LI6 MARLIN DRIVE			<u> </u>		
OCEAN RIDGE	, FL ³³⁴³⁵		_		
e limited liability company is not organized underge or changes are made, the Florida street address will be identical. Or, in the case of a Florida lifewere authorized by an affirmative vote of the muticles of organization or the operating agreement.	ss of the registe mited liability of embers of the limited	red office company, i mited liabi liability c	and the business office of t is hereby confirmed that lity company or as othery	the regis	sterec igc(s
gnature of a member or authorized representative of a member			Printed or typed name of s		

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