

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L22 000 405468****Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H22000326848 3)))



H220003268483ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
SCBN VACATIONS FL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

SECRETARY OF STATE
FALL AID SERVICE, FLORIDA

2022 SEP 21 PM 3:59

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 22 2022

Credentialed

H22000326848

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCBN Vacations FL, 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:

Lindy Duffney

Name of Person

Katzen Fooshée, PLLC

Firm/Company

14800 Quorum Drive, Suite 450

Address

Dallas, Texas 75254

City/State and Zip Code

lindy@katzenfooshee.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindy Duffney

at (214)

932-6583

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

INHS18 (2/14)

H22000326848

H22000326848

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: SCBN Vacations FL, LLC

2. (a) 6252 Foxglove Road, Milton, FL 32570 (b) 6252 Foxglove Road, Milton, FL 32570
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

September 19, 2022

122000405468

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

5. (a) Sadi Boyette, Sec. on behalf of Capitol Corporate Services, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Capitol Corporate Services, Inc.

Tallahassee, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

Dennis A. Thomas

NEW Registered Office Address:

6252 Foxglove Road

Milton, FL 32570

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.

Megan Fooshéc
Signature of a member or authorized representative of a member

Megan Fooshéc

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.

Dennis Thomas (Sep 21, 2022 09:09 CDT)
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

APPROVED
AND
FILED
2022 SEP 21 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FL 32301