Division of Corporations

Florida Department of State Division of Corporations Electionic Filing Cover Sheet

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Fmail	Address:	
MIII GAL	MAGICALI	 _

LLC REGISTERED AGENT CHANGE SCOOP CREW LLC

BOEC 13 PH 4: 50
EPAR INTERT OF STATE
ISLOS UF CORPORATIONS
LLAHASSEE, FLORIDA

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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. NE	ame of the limited liability company: Scoop Crew LLC						
2. (a)	241 NW 119 Avenue		(b)				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Miami Florida (US)33182	_					
	10/13/2022 12:00:00 AM		122000441	411			
3.	Date of filing/registration in Florida	4.	·	Document number			
5. (a)				_			
	Registered Agent and Registered Office shown on the records of t LEGALINC CORPORATE SERVICES INC.		da Dept, of Sta	te:			
	Registered Office Address (MUST BE FLORIDA STREET)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	476 RIVERSIDE AVE	~					
	JACKSONVILLE, FL	32202		-			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporate Creations Network Inc. <u>NEW Registered Office Address:</u>		address:	- - - -			
	801 US Highway 1		,				
change agent v was/w	North Palm Beach FL imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	33408 vs of the register bility of the li	e State of Fl red office ar company, it i mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in			
			•	ssman, Special Manager			
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee			
provisi the obl to mer	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	perfori l for in vereby	nance of my Chapter 60, confirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been			
		Jos	eph Panhoi	zer, Special Secretary			
Signatu	are of Registered Agent						
	Division of Corporations ◆ P.O. F	30x 63	27• Tallaha	ssee, FL 32314			