

## L24 0000 78081

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## COVER LETTER

TO:	Registration Section Division of Corporate	ions							
SUBJ	ECT:	BRADL	eys	SANTH ability Company	SCAPES	LLC			
		Nam	e of Limited Lia	ability Company					
Dear S	Sir or Madam:								
The e	iclosed Registered Age	nt/Registered Offic	ce Change and f	ee(s) are submitted f	or filing.				
Please	return all corresponde	nce concerning this	s matter to the fe	ollowing:					
	BRADLEY Nam	ZomE e of Person	-	_					
	BRADLEY'S Firm	SARTH Company	SCAPES	_					
6	O, Bux	961 dress		_					
-	TAVARES, City/Sta	FL 3	2778_	_					
	<i>bradrome@gn</i> E-mail address: (to be u	sed for future annu	ual report notific	cation)					
For fu	rther information conce	erning this matter.	please call:						
_£	RAPLEY Re		at ( <u>352</u>	) 635-32 Area Code & Dayt		 ımber			
	Mailing Address: Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations		Street Address: Registration Sectorisision of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Allahassee Street, Suite 810	)			
	Enclosed is a check	for the following	amount:						
	\$25 Filing Fee		<b>□</b> \$5	\$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.

	, u	0			~			-	
l, Na	ame of the limited liability company:	BRADLE	<i>ys</i> (	EART	4 Scan	es L	LC		
2. (a)	1 - 110 0000							SCAPES	L
. ( <del>u</del> )	Principal office address of limited l (Note: MUST BE STREET	lability company:	(/	Ma	iling address Note: MAY	of limited	liability	company:	
	251 BANNING B	SCH RD		P.O.	Box	961		<del>.</del>	
	TAVARES, FR 3				205,7				
	2/8/2024 Date of filing/registration i			2400	00 78	081	_		
i.	_		4.	De	ocument n	umber			
5. (a)			194 - 2 L. IS						
	Registered Agent and Registered Office sho	own on the records of the	e Florida Depi	, of State:					
	Registered Office Address (MUST BE	FLORIDA STREET AL	ODRESS)				~1	•,	w
	7810 Mc NEM		<u> </u>			AEC SEC	2024 DEC		r 1
		<u>.</u>	71170			RETARY OF ST VLLAHASSEE,	巴巴		
	LEESBURG	, FL	<u> </u>			至	မ်	7	
(b)	BRADLEY RUME	-				388. 30 7	P	li.	
(0)	Enter name of NEW Registered Agent and		Mice address	:		STATE E. FL	3: 59		
	NEW Registered Office Address:								
	251 BANNINON 1	SCH RD							
	TAVARUS	, FL	3277	78					
change igent v was/w he art	limited liability company is not organ e or changes are made, the Florida sta will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	reet address of the ro Florida limited liab e of the members of g agreement of the line we of a member	egistered of ility compa the limited mited liabil	fice and t ny, it is h liability c ity compa /30 P	he busines ereby conf company of any. 2AP Lo rinted or type	s office of irmed that r as other ed name of	of the reat the crivise property of the crivise proper	egistered hange(s) rovided in	n 
provis. The obi To mer notifie	by accept the appointment as registerions of all statutes relative to the pro- ligations of my position as registered rely reflect a change in the registered d in writing of this change	red agent and agree per and complete pe I agent as provided J I office address, I he	e to act in the erformance for in Chap reby confir	nis capaci of my dui ter 605, F m that the	tv. I furth ties, and I i S.S. Or. if i v limited lid	er agree am Jamil this docu ability co	to com iar with ment is mpany	ply with to and acco being fil has heen	he epi ed
Signati	ure of Registered Agent								
	Division of Cor	porations• P.O. Bo	х 6327• Т	allahasse	e, FL 323	14			

**FILING FEE: \$25.00** 

INHS18 (2/14)