## L24000146619

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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FILED 124.001.23 PH 4: 17

## COVER LETTER

	istration Section ision of Corporations				
SUBJECT:	ScooterGurl				
	Name of Limited Liability Company				
Dear Sir or I	Madam:				
The enclosed	d Registered Agent/Registered	Office Change and	fec(s) are submitted for filing.		
Please return	n all correspondence concerning	g this matter to the	following:		
Kelly Callow	ray				
	Name of Person	<u> </u>	<u> </u>		
ScooterGurl					
<del></del>	Firm/Company				
224 East Gar	den St unit 148				
	Address				
Pensacola, Fl	32502				
	City/State and Zip Cod	e	_		
kcmore68@g	gmail.com				
E-mail	address: (to be used for future	annual report notif	ication)		
For further is	nformation concerning this mat	ter, please call;			
Kelly Callow	ау	251 at (	282-7958		
	Name of Person	(	Area Code & Daytime Telephone Number		
Reg Divi P.O.	istration Section ision of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Encl	losed is a check for the follow	ing amount:			
<b>3</b> \$2	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.

1.	Na	me of the limited liability company: Scool	oterGurl				
2.	(a)			(b)			
	<b>(</b> <i>j</i>	Principal office address of limited liability (Note: MUST BE STREET ADDR	company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		224 East Garden St unit 148					
		Pensacola, Fl 32502					
		October 07, 2024					
3.		Date of filing/registration in Flor	ida	4.	Document number		
5.	(a)						
٠.	(4)	Registered Agent and Registered Office shown on	the records of th	ic Florida Dept. of St	tte:		
		Andrew, Andrew G					
		Registered Office Address (MUST BE FLORI	_				
		224 East Garden St unit148			2		
		Pensacola,	, FL	32502	F1L 024.007.23		
					FIL 23		
	(b)		<u>-</u> .	<u> </u>			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered (	Office address:	P M D		
		Kelly Calloway			ED PM 4:2		
		NEW Registered Office Address:	<del>.</del>		<u>-</u> - €		
		224 East Garden St					
		Pensacola	:	32502	_		
			, FL_		_		
sha age was the S  I hiprothe to renot	inge ent w s/we artic ignati ereb visia obli nere ified	or changes are made, the Florida street advill be identical. Or, in the case of a Floridate authorized by an affirmative vote of the cles of organization drithe operating agreed the cles of a member or authorized representative of a member of authorized representative of a member of accept the appointment as registered as	dress of the rada limited liable members of the liable member and agree	egistered office and illy company, it the limited liability committed liability commit	is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.  Printed or typed name of signee		
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00							