

L24000425468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

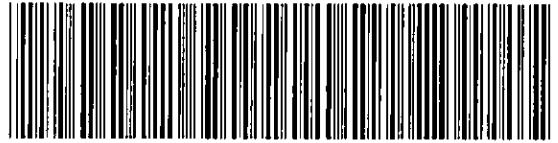
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2024 OCT 18 AM 10:13

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Phone (386) 253-6851  
Fax (386) 253-7216  
www.bmjcpa.com



Member - Florida  
Institute of Certified  
Public Accountants

October 14, 2024

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

CERTIFIED #9589071052700488973251

Gentlemen:

Enclosed please find the following listed form(s) for filing. Please receipt this letter and return it to us in the enclosed envelope.

FORM NUMBER	TAX PAYER NAME	REMITTANCE
Change of Address & Registered Agent	Scarab Properties, LLC	24 OCT 18 AM 10:13

Very truly yours,

BMJ CPA

Encl: As noted above

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Scarab Properties, 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:

Tracey K Copeland  
Name of Person

Scarab Properties, LLC  
Firm/Company

1500 Beville Road, Ste 606206  
Address

Daytona Beach FL 32114  
City/State and Zip Code

scarabpropertiesllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracey Copeland at ( 386 ) 212-0947  
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

2024 OCT 18 AM 10:18

**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: Scarab Properties, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1500 Beville Road, Ste 606206

1500 Beville Road, Ste 606206

Daytona Beach FL 32114

Daytona Beach FL 32114

10/02/2024

L24000425468

3. Date of filing/registration in Florida

4. Document number

5. (a) Tracey K Copeland

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

982 Smokerise Boulevard

Port Orange, FL 32127

(b) David Roberts

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Registered Agents Inc

NEW Registered Office Address:

7901 4th Street N Ste 300

St Petersburg, FL 33702

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.

Tracey K Copeland  
Signature of a member or authorized representative of a member

Tracey K Copeland  
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.*

\_\_\_\_\_  
Signature of Registered Agent

2024 OCT 18 AM 10:13

# 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: Scarab Properties LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1500 Beville Road, Ste 606206

Daytona Beach FL 32114

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

10/02/2024

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

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Tracey K Copeland

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

982 Smokerise Boulevard

Port Orange, FL 32127

(b) Registered Agents Inc

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

7901 4th St N

**NEW** Registered Office Address:

STE 300

St. Petersburg, FL 33702

2024 OCT 18 AM 10:13

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.

Tracey K Copeland  
(Signature of a member or authorized representative of a member)

Tracey K Copeland

Printed or typed name of signer

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.

David Roberts

David Roberts - Assistant Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00