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Division of Corporations Electrônic Filing Cover Sheet

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Division of Corporations

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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 KENDRA SCOTT, LLC

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FEB 0.8 2019

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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.

I. Na	me of the limited liability company: KENDRA SC	OTT, LLC	
2. (a)	3800 N Lamar Blvd Suite 400 AUSTIN, TX 78756		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/07/2015	M15000	0005321
i.	Date of filing/registration in Florida	4.	Document number
()	CORPORATION SERVICE COMPANY		
5. (a)	Registered Agent and Registered Office shown on the records 1201 HAYS ST	s of the Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	TALLAHASSEE	HI 32301	
			FEB-7 AM 9: 5
(b)	Enter name of NEW Registered Agent and/or NEW Register	and Office address:	
	Take have of the wing part of the area of the state of th	Tra GIII (MAZICA)	무건 9: 5:
	C T Corporation System		
	NEW Registered Office Address:		<i>></i>
	1200 South Pine Island Road		
	Plantation	FL_33324	
he cha igent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membeicles of organization or the operating agreement of	laws of the State of the registered of the registered of liability company rs of the limited liability	of Florida, it is hereby confirmed that after office and the business office of the register, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
<u> </u>	Matrice Returns tune of a member or authorized representative of a member	Notalie Pick	Printed or typed name of signee
I heret provisi he obl to mere potifice	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address I in writing of this change. Orporation System	ete performance of vided for in Chapter i, I hereby confirm	capacity. I further agree to comply with the fine duties, and I am familiar with and access to 605, F.S. Or, if this document is being fill that the limited liability company has been Younan

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FILING FEE: \$25.00