

M21000002823

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**DATE:** 3/17/2021

**NAME:** SCOTBILT HOMES, LLC

**TYPE OF FILING:** CHANGE OF AGENT

**COST:** 25.00

**RETURN:** PLAIN COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Abbie Hodge*

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Scotbilt Homes, 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:

Juanita Sullivan

Name of Person

Foley & Lardner LLP

Firm/Company

321 North Clark Street - Suite 3000

Address

Chicago, Illinois 60654-4762

City/State and Zip Code

jmsullivan@foley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juanita Sullivan

312

832-4725

at ( )

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

**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: Scotbilt Homes, LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
2888 Fulford Road  
Waycross, Georgia 31503

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
P.O. Box 1189  
Waycross, Georgia 31502

3. February 24, 2021 Date of filing/registration in Florida

4. M21000002823 Document number

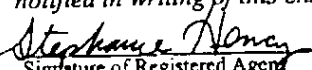
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Drew Scott  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
4300 South Fletcher Avenue  
Amelia Island, FL 32034

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
CT Corporation System  
**NEW** Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

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.

 Robert Spence  
Signature of a member or authorized representative of a member 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.*

 Stephanie Hencz, assistant secretary  
Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**  
**FILING FEE: \$25.00**