

P14000005902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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PA address
Change

08/17/15--01005--003 **25.00

10/21/15--01001--001 **10.00

FILED
2015 OCT 15 PM 2:31
CLERK OF STATE
TALLAHASSEE, FLORIDA

OCT 20 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2015

Morakot Dang Srihanouvong
Scooter Concierge Inc
7792 Sugar Bend Dr.
Orlando, FL 32819

SUBJECT: SCOOTER CONCIERGE INC.
Ref. Number: P14000005902

We have received your document for SCOOTER CONCIERGE INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 715A00017499

RECEIVED
5 OCT 15 AM 10:18
DIVISION OF CORPORATIONS

COVER LETTER

CHANGE OF
ADDRESS REQUEST

TO: Amendment Section
Division of Corporations

SUBJECT: SCOOTER CONCIERGE
Name of Corporation

DOCUMENT NUMBER: P1400005902

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MORAKOT DANG SRIHANAWONG
Name of Contact Person

SCOOTER CONCIERGE
Firm/Company

8132 CARAWAY DR.
Address

ORLANDO, FL 32819
City/State and Zip Code

DANG.S@AXIOMMD.COM
E-mail address: (To be used for future annual report notification)

For further information concerning this matter, please call:

MORAKOT DANG SRIHANAWONG at (407) 284-2906
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SCOOTER CONCIERGE INC.
2. The principal office address: 8132 CARAWAY DRIVE
ORLANDO, FL 32819
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/21/2014 Document number: P14000005902
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
MORAKOT DANB SRIHANUNONGB
7792 SUGAR BEND DR.
ORLANDO, FL 32819

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

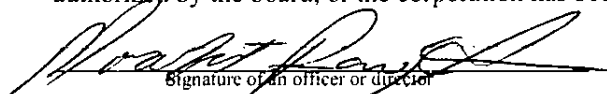
8132 SUGAR BEND DR.

P.O. Box NOT acceptable

ORLANDO, FL 32819

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

MORAKOT DANB SRIHANUNONGB
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

10/13/2015
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***