P180000 11958

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COVER LETTER

Division of Corporations
SUBJECT: CHANGE OF REGISTERED, NAME AND ADDRESS Name of Corporation
DOCUMENT NUMBER: <u>P18000011958</u>
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:
SEAN HINCH Name of Contact Person SCAFF TRCH INVISTIMIENTS INC Firm/Company 11078 ROBERT FROST DR Address WINTER GARDEN FL 34F787 City/State and Zip Code AMANGA . WINCH @ GMail. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
August Hanch at (407) 717 4311 Name of Contact Person at (407) 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SCAFFTECH INVICSTMENTS (NC
2. The principal office address: 1078 ROBELT FLOST DR
WINTER GARDEN FL 34787
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/05/2018 Document number: P18000011952
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)
3703 LAKE BUYNAKRA
WINDERMERE FL 34786 = 3
AGENT - SEAN HINCH &
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
11078 ROBERT FROST DR == 5
LUINTER GARDEN FL 34787 P.O. BOX NOT acceptable
AGUST - SEAN HINCH
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 Signature of an officer or director 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.
08/20/2021
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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