P1800032969

| (Re | equestor's Name) | | | | | | |
|---|--------------------|------|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Bu | isiness Entity Nam | ne) | | | | | |
| (Document Number) | | | | | | | |
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Office Use Only



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SECRETAN) OF STATE
TALLAHASSEE, FLORIDA

DEC 03 2018 S. YOUNG



June 26, 2018

SEAN FAHEY SCRUMBUM DEVELOPMENT INC 200 CAROLINE AVENUE 2488 FT MYERS BEACH, FL 33931

SUBJECT: SCRUMBUM DEVELOPMENT INC

Ref. Number: P18000032969

We have received your document for SCRUMBUM DEVELOPMENT INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Letter Number: 618A00013262

Shelia H Young Regulatory Specialist II

www.sunbiz.org

Division of Companyations D.O. DOV 6997, Tallahagaan Florida 2021

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Subject Development Name of Corporation |
| DOCUMENT NUMBER: P1800032969 |
| 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: |
| Scan Fahry Name of Contact Person |
| Scrun Development |
| 200 Caroline Ave 2488 |
| Et Mars Brach Floride 3393 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Sean Frincy at (203) 249-2744 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 pro statement of chang in order to | • | r a corporati | on organized w | nder the laws o | of the State of _ | Florso | |
|---|---|---|--|--|---|-----------------------------------|-----------------------------|
| 1. The name of the | corporation: | Sau | 12-12-(12) | _De'c | 10/21000 | . 1_ | |
| 2. The principal of | fice address; | | | | | | |
| 3. The mailing add | ress (if different) | | | Beada | Flunds | 33 <u>°</u> | E_ |
| 4. Date of incorpor | ation/qualificatio | on: <u>4</u> | 6/18 | Document nun | nber: <u>Pv9: c</u> | 2000: | 37565 |
| 5. The name and st Florida Departm | ent of State: (If r | esigned, ento | er resigned) | nd registered o | ffice on file with | i the | , , , |
| | Sean 100 Eg Fort M | stero | J Blud Beach, F | Uni- | + 63/ 13/ | 39 | 31 |
| 6. The name and st (if changed): | سدريسه د کدرکرد ۲:۱۷ ایست ک | · · · | ered agent (if cl | 1 | न registered offic | SECRE FART ALLAHASSEE | 18 NOV DE C |
| The street address | -1- My.E | S B | eich Fl | <u>d></u> | | | ⊋ () 2: 58 _{em} |
| as changed will be Such change was a authorized by the b | identical. uthorized by res | olution duly | adopted by its | board of direc | ctors or by an of | | agem, |
| | an officer or director | | | | typed name and title | bey | |
| I hereby accept the I further agree to coperformance of my agent. Or, if this a hereby confirm that | e appointment as comply with the p c duties, and I an locument is being t the corporation | registerea c provisions of a familiar wa g filed merel a has been n | igent and agree fall statutes re th and accept t y to reflect a ci totified in writi | e to act in this lative to the pi the obligation hange in the ro ng of this char | capacity. roper and compl of my position a egistered office ige. | lete is register address, l | ed I |
| SA1_ | re of Registered Agent | . . | _ | 61. | 22\13 | | |
| If signing on behal | | | | | LZaig | | |
| Typed | or Printed Name | | _ | | | | |

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