Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations Fax Number : (850)617-6380		FILI 2024 DEC 13 SECRETARY ALLAMASSIT
ann	Account Name : C T CORPORATION Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (614)573-3996 The email address for this busine that report mailings. Enter only il Address:	ess entity to be used	
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J. DENNIS 12.13.24

Electronic Filing Menu

Corporate Filing Menu

Help

By:

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

statement of cha	nge is submitted for a corporation orge	502, 607.1508, or 617.1508, Florida Statutes, this unized under the laws of the State of Florida stered agent, or both, in the State of Florida.
	he corporation: SCOOTAROUND, INC	
 The name of t The principal 	office address: 7703 KINGSPOINTE PR	CWY, STE 400 ORLANDO, FL 32819
3. The mailing a	ddress (if different):	
		Document number: P98000054599
5. The name and		agent and registered office on file with the
	Lesage, Nicolas, Treasurer	202 SE
	7703 KINGSPOINTE PKWY, STE 400	FILE 2024 DEC 13 SECRETARY OF THE ANASSET
	ORLANDO, FL 32819	ARY (
6. The name and (if changed):	I street address of the new registered ag	ent (if changed) and /or registered offices 8:3
	C 1 Corporation System	고
	1200 South Pine Island Road	
		NOT acceptable
	Plantation, Florida 33324	
The street addre as changed will	ess of its registered office and the stree he identical.	et address of the business office of its registered agent,
Such change wa authorized by th	is authorized by resolution duly adopt the board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.
/-	hit IC Klayer	Andrew R. Henry, Secretary Printed of typed name and title
-		
aocument is nei corporation has	ng filed merety to reflect a change in t been notified in w <u>riting</u> of this chang	ind agree to act in this capacity. itutes relative to the proper and complete performance oligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the c.
C T Corporation	System 22	12/2/2024
Signature of Registered Agont		Date
If signing on he	half of an entity:	
Leslie Ma	rtin, Assistant Secretary	
r ₂	gred or Printed Name	

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