Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE SCOOP ENTERTAINMENT PARTNERS LLC

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STÄTEMENT 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. N	ame of the limited liability company: SCOOP EN	NIERIA	UNMENT P	ARTNERS LLC
2. (a)	4000 HOLLYWOOD BLVD STE 555-S		(b)109	060 Wilshire Blvd., 5th Floor
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	HOLLYWOOD, Florida 33021			Los Angeles, CA 90024
	01/08/2021			L21000007290
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	VCORP SERVICES, LLC			
	Registered Agent and Registered Office shown on the records of	of the Flor	ida Dept. of State	* A
	5011 SOUTH STATE ROAD 7 STE 106			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	221	FILED 2021 AUG 17 AM 10: 37 SECTOR SEELEN BUILD TALL AHASSEE EL BIND T
	DAVIE	FL	33314	A A 50
(b)	eResidentAgent, Inc.			37 805
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office :	address:	
	801 US Highway 1			
	NEW Registered Office Address:			
	North Palm Beach	FL	33408	•
the cha agent v was/wa the arti Signa I here provisi the obi to merci	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members related organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and a closs of all statutes relative to the proper and completingations of my position as registered agent as providely reflect a change in the registered office address, din writing of this change.	of the regliability s of the limited imited	gistered office company, it is mited liability I liability com Erika A. Easte ect in this cape mance of my o	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany. er, Authorized Person Printed or typed name of signee activ. I further agree to comply with the buties and I am familiar with and accent