F0700001628

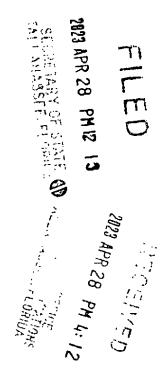
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:04/2	28/2023	
Name:N	Merritt Walker	
Reference #:	1975635	
	SCA EN	TERPRISES INC.
	ncorporation/Authorizatio	
Amendmen	t	
✓ Change of	Agent	
Reinstatem	ent	
Conversion		
☐ Dissolution	Withdrawal	
☐ Fictitious N	ame	
Other		
Authorized Amoun	nt: \$35	
Signature:	mur	

F: +852.2682.9790

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

statement of cha	nge is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508 corporation organized under the laws of the red office or registered agent, or both, in the	e State of California
1. The name of t	he corporation:	SCA ENTERPRIS	ES INC.
	office address: No C		
3. The mailing a	ddress (if different):_		
4. Date of incorp	poration/qualification:	March 23, 2007 Document number:	F0700001628
		current registered agent and registered office igned, enter resigned)	on file with the
	BUSINES	S FILINGS INCORPORATE	D
	1200	South Pine Island Road	~
	Р	lantation, FL 33324	SECRETAR 28
6. The name and (if changed):	d street address of the	new registered agent (if changed) and /or reg	محم بدريخ
	COGENCY	GLOBAL INC.	EFFECT PRICE
	115 North C	Calhoun St., Suite 4	
	Tallahassee	P.O. Box NOT acceptable P. FL 32301	
The street addre	ess of its registered of be identical.	fice and the street address of the business o	ffice of its registered agent,
Such change wa	is authorized by resol	ution duly adopted by its board of directors ration has been notified in writing of the ch	or by an officer so
/s/ Monica Warner Mo		Monica Warner	
I hereby accept I further agree to performance of agent. Or, if the	to comply with the promy duties, and I am f is document is being f	Printed or typed egistered agent and agree to act in this cape existence of all statutes relative to the prope, amiliar with and accept the obligation of m filed merely to reflect a change in the regist has been notified in writing of this change.	acity. r and complete w position as registered
/s/ Tim Mayville Signature of Registered Agent		4/28/20	
_	half of an entity:	Date	•

Tim Mayville, Assistant Secretary

Typed or Printed Name