F980000034008

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

Office Use Only



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2016 OCT -4 PM 12: 14

RAROCHS

OCT 10 2016 I ALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: September 30, 2016

Order#: 296677-349

Re: ARC SCC, INC.

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Tennessee registered agent, or both, in the State of Florida.
1. The name of t	the corporation: ARC SCC, INC.	•
	office address: VOOD PLACE SUITE 400 BRENT	WOOD TN 37027
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 06/24/1998	Document number: F98000003608
	I street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on the with the
	CT CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND ROA	AD P
	PLANTATION	FL 33324
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
	P.O. Bo	ox NOT acceptable
	Tallahassee	FL 32301
The street addre	ess of its registered office and the s be identical.	street address of the business office of its registered agent,
		dopted by its board of directors or by an officer so een notified in writing of the change.
X.	el E Gonei	Jill Cilmi, Vice President
/°\	re of an officer or director	Printed or typed name and title
I further agree in performance of agent. Or, if the hereby confirm	to comply with the provisions of all my duties, and I am familiar with	ent and agree to act in this capacity. ll statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.
By: $\int_{0}^{\infty} \int_{0}^{\infty}$	are Cotole	09/30/2016
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
	Assistant Vice President	
T	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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