Page 2 of 3

2/21/2018

Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000059262 3)))



H180000592623ABCG

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

RECEIVED

FEB 2 1 2018

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

Phone : (614)280-3338 : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC REGISTERED AGEST CHANGE SC ORLANDO, L.L.C.

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$25.00	

Electronic Filing Menu

Corporate Filing Menu

Help

.31

## To:

## STATEMENT OF CHANGE OF REGISTERED OFFICE GR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY CEMPANY

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: SC ORLANT	DO, L.L.C.
2.		no change (b) no change	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
7		03/06/1998	M98000000220
3.		Date of filing/registration in Florida	4. Document number
5. (a)	(a)	Registered Agent and Registered Office shown on the records CORPORATE CREATIONS NETWORK INC.	s of the Florida Dept, of State:
		Registered Office Address (MUST BE FLORIDA STREET 11380 PROSPERITY FARMS ROAD #221E	ET ADDRESSI (1).
		PALM BEACH GARDENS	FL 33410
a	b) _	·	مسلم المسارعين والمناطقة والمناطة والمناطقة والمناطقة والمناطقة والمناطقة والمناطقة والمناطقة وا
(,	٠, .	Enter name of NEW Registered Agent and/or NEW Register	red Office address:
		C T Corporation System	\$ 5 <u>7</u>
		NEW Registered Office Address:	
		1200 South Pine Island Road	
		Plantation, l	FL_33324
gent	wi Wi	ill be identical. Or, in his case of a Florida limited	laws of the State of Florida, it is hereby confirmed that after of the registered office and the husiness office of the registered liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company.
		re of a member of authorized representative of a member	Jennifer Kurz
her rovi he ol me otific	eby sion blig rely ed i		Printed or typed name of signee  grae to act in seis capacity. I further agree to comply with the fe performanc of my duties, and I am familiar with und accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has heen  Alf:ed Younan
		of Registered Agent	Assistant Secretary
		Division of Cornerations P.O.	Ray 6327a Tullaharran Fl. 33314

FILING FEE: \$25.00