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,		
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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A. LUNT		
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EXAMINER

Office Use Only

TO: Registration Section
Division of Corporations

SUBJECT:	SCIBC Phase Two, LLC	
Name of	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
<u>F. Steven Herb, esq.</u>		
Name of Person		
Nelson hesse, LLP	OHONOV 16 SEGRETARY ALLAHASSE	
Firm/Company		
· · · · · · · · · · · · · · · · · · ·		
	MII:52	
2070 ringling Blvd.		
Address	\$ ^A 2	
Sarasota, fl 34237		
City/State and Zip Code	· 	
sherb@nelsonhesse.com	<u> </u>	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
	,,,	
Steve Horb	366 7550	
Steve Herb Name of Person	at (941) 366-7550 Area Code & Daytime Telephone Number	
	•	
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section	
Registration Section	Division of Corporations	
Division of Corporations	P.O. Box 6327	
Clifton Building	Tallahassee, Florida 32314	
2661 Executive Center Circle Tallahassee, Florida 32301	i ananassee, i fortua 32314	
i ananassee, Pioliua 3230 i		
Enclosed is a check for the following	ng amount:	
Ig \$25 Filing Fee	I \$55 Filing Fee & Certified Copy	

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the ollowing statement in order to change its registered o ice or registered agent, or both, in the State of Iorida.

1.	N
ame of the limited liability company:	SCIBC Phase Two, LLC
2.(a) Principal office address of limited liability con	npany: 1805 Apex Rd.
(Note: MUST BE STREET ADDRESS)	<u>Sarasota, Fl 34240</u>
(b) Mailing address of limited liability company:	1805 Apex Rd
(Note: MAY BE POST OFFICE BOX)	Sarasota, Fl 34240
05/21/2001	L01000008351\(\overline{\Omega}_{\omega}_{\overline{\Omega}_{\omega}_{\overline{\Omega}_{\omega}_{\omega}_{\omega}}}\end{\omega}}}}
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	· SE
Registered Agent:	Richardson Kling. Renee
Registered Office Address:	Sarasota, Fl 34236
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:
NEW Registered Agent:	NH Business Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2070 Ringling Blvd.
	<u>Sarasota</u> H.34231
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office atical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization

Printed or typed name of signee

John V. Cavanaugh

I hereby accept the appointment as registered agent and agree to act in this capacity. I fitrther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as providectfor in Chapter 608, F.S. Or, if this document isbeing filed to merely re ect a change in the registered office addre ereb confirm that the limited liability company has been notified in writing of this change.