

Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

SCI WATERSTONE-CARIBBEAN FUND, LLC

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CT CORPORATION SYSTM

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

Pursuant to the provisi liability company subm agent, or both, in the St	its the following stati	416 or 608.50 ement in orde	08, Florida Statut r to change its re	tes, the unders gistered office	ilgned limited or registered
1. The name of the limi	ted liability company	is: SCI WATE	RSTONE-CARIBBE	AN FUND, LLC	
2. The mailing address					,
11620 WILSHIRE BLVD 10	•				_
01/08/04			L04000001918	-	
3. Date of filing/registra	ation in Florida		4. Document n	umber	
5. The name of the regis Florida Department o	tered agent and the re	gistered office	address as show	on the record	s of the
-	CORPORATION SER		Y		
		Name			
	1201 HAYS STREET	A Januara		- #	
	TALLAHASSEE FL 3	Address 2301-2525		ZEC SEC	
		ty, State and Z	ip .	ORETA	
6. The name and address of the new registered agent and/or office;				C 28 TARY TASSE	
	СТ	Corporation Syst	em	mo	
	1200 %	Name outh Pine Island F	land	FES A	
				STATE LORID,	
	Florida street addı	ess (P.O. Box	NOT acceptable)	NOTE 48	
	Plantation	FL ·	33324		
	City	FL State and Zi	3		
If the limited liability co confirmed that after the and the business office o liability company, it is h of the members of the li or the operating agreeme (Signature of a member or authorized).	change or changes are if the registered agent ereby confirmed that mited liability compa ent of the limited liabi	e made, the Flo will be identi the change(s) ny or as other lity company	orida street address cal. Or, in the cas was/were authoriz	s of the registe c of a Florida l ed by an affin	red office limited native vote
(Printed or typed name of signed	•				
I hereby accept the apper comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm By: (Signature of Registered Agent)	rporation system		ree to uct in this cor und complete per	Marie e de la companie de la compani	her agree to f my duties, ided for In ered office nis change.
Divisi	on of Corporations, FILI	P.O. Box 632 NG FEE: \$2:	•	32314	
INHS18 (8/05)	•	•			
FL013 - 09/09/2005 C T System Online				1.	

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