

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6360

From:

Account Name : C T CORPORATION SYSTEM

FCA000000023 Account Number Phone (850)222-1092 Fax Number (850)878-5926

REGISTERED AGENT CHANGE

SCI FUND POLOS SOUTH, LLC

Estimated Charge	\$35.00-
Page Count	02
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Corporate Filing Menu

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EXAMINER

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CT CORPORATION SYSTM

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

Pursuant to the provisi liability company submi agent, or both, in the Sta	ons of sections 608.4 is the following state ite of Florida.	!16 or 608.50 ment in order	18, Florida Statite r to change its regi	s, the undersigned limited istered office or registered
1. The name of the limit	ed liability company	is: SCI Fund P	olos South, LLC	
2. The mailing address	of the limited liability	company is:		
11620 WILSHIRE BLVD 10	h FLOOR LOS ANGELI	ES, CA 90025		
01.144.105			Y 0500000000	
01/13/05 3. Date of filing/registra	tion in Florida		4. Document rui	mber
5. The name of the regis Florida Department of	tered agent and the re	gistered office		
	CORPORATION SERV	VICE COMPAN	Y	_
		Name		0 2
	1201 HAYS STREET	Address		71 38
	TALLAHASSEE FL 32			E SE
		y, State and Z	lip qi	SECRETAR OT DEC 28
6. The name and address of the new registered agent and/or office:				CRETARY OF ORATIONS LION OF CORPORATIONS OEC 28 AM 8: 26
	CTC	Corporation Syst	em	
Name 1200 South Pine Island Road				26 jo
	<u> </u>			
	Florida street addr	· _		
	Plantation	FL , State and Zi	33324	
Carolina Botero (Frinted or typed name of signer comply with the provisio and I am familiar with a Chapter 608, F.S. Or if address, I hereby confire By:	mpany is not organize change or changes are if the registered agent erreby confirmed that it mited liability compa- ent of the limited liabil	ed under the la made, the Flowill be identified the change(s) ny or as other lity company. I agent and agive to the proof on so fine positive company.	aws of the State of orida street address cal. Or, in the case was/were authorizi wise provided in the case of the	of the registered office of a Florida limited ed by an affirmative vote e articles of organization apacity. I further agree to be formance of my duties, agent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)	-		DIFA ROCKSTRANT S	1
Divisi	on of Corporations, FILI	P.O. Box 632 ING FEE: \$2		32314
INHS18 (8/05)				
PLD15 - 09/09/2003 C 7 System Online				

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