

Florida Department of State

Division of Corporations Public Access System

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.

(((H07000308567 3)))



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)617-6380

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092 Fax Number : (850)878-5926

REGISTERED AGENT CHANGE

SCI MARKET SQUARE FUND, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

🚣 25. 🖴

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

9269848098

12/31/2007 12/31/2007/15/21

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

Pursuant to the provisi liability company submit agent, or both, in the Sta	ons of sections 608. Is the following state ite of Florida.	416 or 608.5 ement in ord	508, Floridu Sta er to change its	thetes, the under registered office	ersigned lim Se or registe	ited red
1. The name of the limi	•			ĺ		
2. The mailing address	of the limited liability	company is	:			- -
11620 WILSHIRE BLVD 10	-					<u> </u>
						 ·
3/16/2005 L05000027081 3. Date of filing/registration in Florida 4. Document nu					_	
3. Date of ming/registra	non in Florida		4. Documen	t number		
5. The name of the regis Florida Department of	tered agent and the re State:	gistered offic	ce address as sho	own on the reco	rds of the	
	CORPORATION SER		NY			
	1201 HAYS STREET	Name				
		Address		_	2	SIAID
TALLAHASSEE FL 32301-2525				7 🖳	33.5	
	Ci	ty, State and	Zip	Ì	07 DEC 31	102K
6. The name and address	_	_				OF CORPORATIONS
	СТ	Corporation Sy	stem	-	AH	390
Name 1200 South Pine Island Road				ؽ	- <u>85</u> 5	
	Florida street addr	ess (P.O. Bo	x NOT acceptab	ple)	3 9	- 15 E
	Plantation	FL	33324			
	City	, State and Z	ip			
If the limited liability conconfirmed that after the cand the business office o liability company, it is he of the members of the li or the operating agreeme	change or changes are f the registered agent creby confirmed that mited liability compa nt of the limited liabi	e made, the F will be ident the change(s) ny or as othe lity company	lorida street add ical. Or, in the o was/were authors rwise provided i	ress of the regis case of a Florid orized by an aff	stered office a limited irmative vote	± ⊓
Carolina Botero (Printed or typed name of signed	•		_			
By: Commercial	intment as registered as of all statutes yeld in a cocept the obligation this document is being that the limited liab porution System	ු ු ඊට;	WALES SINA	to the second	irther ugree of my duties ovided for in stered office this change	to i,
(Signature of Registered Agent)	8		DIEL ARBHSTAM	T SECRETARY		
Divisi	on of Corporations, FIL	P.O. Box 63 ING FEE: \$2		, FL 32314		
INHS18 (8/05)						
FLO15 - 89/09/2005 C T System Online						

12/31/2007 12:11 850878525