Loscoca 46755

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JAN 28 2016 J SHIVERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: January 26, 2016

Order#: 950500/022

Re: SCP I GP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

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.	Na	me of the limited liability company: SCP I GP, LLC			
2 ((a)	Attn: Robert Esposito	_ (b)_		
2. ((u)	Principal office address of limited liability company:	_ (0)_	Mailing address of limited liability company:	
		(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)	
		301 E. Las Olas Boulevard, 7th Floor			
		Ft. Lauderdale, FL 33301			
		05/11/2005	ŀ	_05000046755	
3.		Date of filing/registration in Florida	4.	Document number	
٥.		Suit of fining regionation in the con-			
5.	(a)	Robert Esposito, c/o Stiles Corporation			
		Registered Agent and Registered Office shown on the records of the	e Florida D	ept. of State:	
		301 E. Las Olas Boulevard, 7th Floor			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Registered Office Address [MOST BE FLORIDA STREET ADDRESS]				
		Ed. 1. 1. 1.	00004	AL SE	
		Ft. Lauderdale , FL_	33301	\{\bar{\chi} \chi \chi \chi \chi \chi \chi \chi \chi	
				JAN AHA	
	(b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Of				
			Office addre	— <u>-</u>	
		1201 Hays Street			
		NEW Registered Office Address:		ORIO A	
		Tallahassee , FL	32301		
the age	cha ent v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of creanization or the case of a greement of the limited liabers.	the registe bility com the limite imited lia	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in	
$-\frac{1}{S}$	iena	tuz of a ramber or as the tized representative of a member	Dona	Printed or typed name of signee	
I h pro the to 1	ere ovisi obl mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided by reflect a change in the registered office address. In din writing of this change	pertorman	n this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept	
Sig	ratu	re of Registered Agent Corporation Service Company	BY: Sv	via Oueppet, Asst. Vice President	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00