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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE SC ADMIN, LLC

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HeliJ. LEMIEUX

MAY 0 3 2023

## 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. N	Name of the limited liability company: SC ADMIN,	LLC	
2. (a)	)	(b) _	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/08/2010	L10	000014987
3.	Date of filing/registration in Florida	4.	Document number
5. fa	) Registered Agents Inc		
(=)	Registered Agent and Registered Office shown on the records of		of State:
	1826 WOODY DRIVE		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
			<del></del>
	WINDERMERE , FI	_34786	***************************************
(b)	Registered Agents Inc		
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	<b>-</b>
			` <b>``</b> :
	7901 4th St N		2023 Fire - 1 MH 18
	NEW Registered Office Address:		- <del>- •</del> - <del>•</del> -<
	STE 300		
	St. Petersburg , FI	33702	
If the			<u> </u>
the chagent was/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered ability compar of the limited l	l office and the business office of the registered y, it is hereby confirmed that the change(s) iability company or as otherwise provided in
Ru	ature of a member or authorized representative of a member	Robin Je	ones
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
1 here	by accept the appointment as registered agent and agi	ree to act in th	is capacity. I further agree to comply with the

I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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 provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Coerts David Roberts - Assistant Secretary Signature of Registered Agent