L19000120016

(Requestor's Name)					
(Ad	ldress)				
- (Ad	ldress)	<u> </u>			
(1.0	arcoo,				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
•	•	,			
(Da	cument Number)				
(LXC	cument Number)				
Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filina Officer:				

Office Use Only



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S TALLENT MAR 3 0 2020







CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: March 10, 2020

Order#: 225620/010

Re: S/CM WCC JAX, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive 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.

I. N	fame of the limited liability company: S/CM WCC JAX	X, LLC		
2 (a)	301 E LAS OLAS BLVD		301 E LAS OLAS	S BLVD
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing add	Iress of limited liability company: IAY BE POST OFFICE BOX)
	FT. LAUDERDALE FL 33301	_	FT. LAUDERDALI	E FL 33301
	05/02/2019		L19000120016	
3.	Date of filing/registration in Florida	4.	Docume	nt number
5. (a) FRANK WEINBERG & BLACK, P.L.			
5. (a	Registered Agent and Registered Office shown on the records of	the Florida l	Dept. of State:	
	7805 SW 6TH COURT			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
		<u> </u>		77
	DAVID BLACK, ESQ	 -		1731
	PLANTATION , FL	33324		2070 MAR 12
				2
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	l Office udd		PF
	isher hand of Now Registered Agent and of Now Registered	Control and		7.72
	1201 Hays Street			PH12: 36
	NEW Registered Office Address:			
	Tallahassee, FI.	32301		
the chagent was/v	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regist ability cor of the limi	ered office and the npany, it is hereby (ted liability compar	business office of the registered confirmed that the change(s)
/s/ [David Chanon	David	d Chanon, Member	
Sign	ature of a member or authorized representative of a member			r typed name of signee
provi. the ol to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act i performa d for in C hereby co.	in this capacity. If, nce of my duties, ar hapter 605, F.S. On afirm that the limite	urther agree to comply with the ad I am familiar with and accept r, if this document is being fileded liability company has been
Signa	ure of Registered Agent Corporation Service Company	BY: Gr	ace E. Kirby, Assi	t. Vice President

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. 1	Name of the limited liability company: S/CM WCC J	AX, LLC				
2. (a) 301 E LAS OLAS BLVD	(b)	301 E LAS OLAS BL	D		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	FT. LAUDERDALE FL 33301		FT. LAUDERDALE	FL	33301	
	05/02/2019		L19000120016			
3.	Date of filing/registration in Florida	4.	Document nu	ımber		
5. (a	FRANK WEINBERG & BLACK, P.L.				20	
5. (a)	Registered Agent and Registered Office shown on the records of 7805 SW 6TH COURT	of the Florida l	Dept. of State:		2070 MAR 12	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)			~	
	DAVID BLACK, ESQ					
	PLANTATION, F	FL <u>33324</u>			PH 12: 36	
				•	, 86	
(b)	· 	<u> </u>				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	ress:			
	1201 Hays Street					
	NEW Registered Office Address:					
	Tallahassee J	FL <u>32301</u>				
the c agen was/	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	of the regist liability cor s of the limi	ered office and the busing mpany, it is hereby conficted liability company or	ness office of rmed that the	the registere change(s)	
/s/	David Chanon	David	d Chanon, Member			
Sig	nature of a member or authorized representative of a member		Printed or types	d name of signee	:	
provi the o to my	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple bligations of my position as registered agent as provid crely reflect a change in the registered office address, ied in writing of this change.	ile performa	nce of my duties, and I a	ım familiar w	ith and acce	

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

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

C2K VENDOR NO.: FL DATE: 03/10/20 CHECK NO 1011881;

SECRETARY OF STATE OF FLORIDA

INVOICE NUMBER

REFERENCE

03/10/20 2256200100001

25.00

S/CM WCC JAX, LLC