

Florida Department of State

Division of Corporations Public Access System

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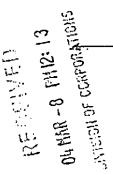
: C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

SCA FLORIDA HOLDINGS (2) LLC

| Certificate of Status | 0 |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the provision. liability company submits agent, or both, in the State | ine tallowing stateme | or 608.508, Florida Si mt in order to change it | atutes, t he undersigne s re <mark>gistered</mark> office or i | d limited registered |
|--|--|--|--|-------------------------------|
| 1. The name of the limited | l liability company is: | SCA Florida Roldings (2) L | LC | |
| 2. The mailing address of | | | | 80112 |
| 10/26/2001 | | Moloc | 000 2420 | : . |
| 3. Date of filing/registration | m in Florida | 4. Docume | nt number | |
| 5. The name of the register Florida Department of S | ed agent and the regis | tered office address as ab | own on the records of | the |
| | Companion Service Com | | : | |
| " | | Name | | |
| • | 1201 Hays Street | Address | | |
| | Tallahassoe, FL 32301 | | • | |
| • | | State and Zip | | ~~ |
| 6. The name and address of | f the new registered ag | gent and/or office: | * 4 | O4 M SECR ALLA |
| <u> </u> | CT Componition System | | | HAR RETA |
| | 1 | Vame | | 58.83 8.83 9.83 9.83 |
| | 200 South Pine Island Ros | | | م. سر |
| = | - Florida Street address | (P.O. Box NOT accepts | (ble) | E E |
| ; | Plantation | FL 33324 | • | \$1A1 10R1 |
| _ | City, St | tate and Zip | | Du 21 |
| If the limited liability compconfirmed that after the charant the business office of the liability company, it is here the members of the limited the operating agreement of the limited that th | inge or changes are make registered agent will by confirmed that the liability company or a the limited liability co | ade, the Florida street add il be identical. Or, in the change(s) was/were auth is otherwise provided in i impany. | iress of the registered of case of a Florida limit orized by an affirmativ | office ed re vote of |
| Christen Vinnula, Vice President | | | • | |
| (Printed or typed name of signee) | <u> </u> | <u> </u> | | |
| I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if this address, I hereby confirm it C T Corporation System (Signature of Registered Agent) | o) an stanues relative accept the obligations | to the proper and compl | ete performance of my | duties, |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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