## M0200001169

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
<u> </u>							

Office Use Only



000270516710

03/16/15--01036--006 \*\*25.00

15 APR -2 AM 11: 12

APR 08 2015 T. CARTER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2015

ATTN: LINDSEY LOCKARD C/O CORPORATION SERVICE COMPANY 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808 US

SUBJECT: SCP 2003C-3 LLC Ref. Number: M02000001169

We have received your document for SCP 2003C-3 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name and document number listed on the form do not match. Please correct your document accordingly.

\*\* Corrected the obcument, please resubmit \* 3/31/15 LXL

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 415A00005727

RECEIVED

15 Mr. -2 PH I2: 37

PART -2 PH I2: 37

PART -2 PH I2: 37



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: March 20, 2015

Order#: 533254-009

Re: SCP 2003C-3 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 Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

OUCA.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.

Name of the limited liability company: SCP 2003C-3 LLC							
2	(a)	900 Fort Street Mall, Suite 1720	_ (b)				
	(4)	Principal office address of limited liability company:	_ (0)		Mailing address of limited liability company:		
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST O	FFICE	BOX)
			<del>-</del>				
		Honolulu, HI 96813	_				
		11/15/2007	<del>-</del>	M0200000	1169		
3.		Date of filing/registration in Florida	4.	I	Document number		
5.	(a)	C T Corporation System					
٦,	(4)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:			
		1200 South Pine Island Road					_
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				5	SEC
						APR	-XXE
						-2	SAT.
		Plantation , FL_	33324		<del></del>	_	
						Ē	- 1 - 1 - 1 - 1
	(b)					· ·	AI S
		Enter name of NEW Registered Agent and/or NEW Registered Office address:					E TE
		4004 Have Chroat					
		1201 Hays Street  NEW Registered Office Address:					
		registered office radicess.					
		Tallahassee , FL	32301				
th ag w	e cha gent v as/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li-	he regist bility con the limi	tered office mpany, it is ted liability	and the business offic hereby confirmed that company or as otherw	e of th t the cl	e registered nange(s)
		aston Manson	East		Authorized Person		
	Signa	ture of a member or authorized representative of a member	Printed or typed name of s	r typed name of signee			
th to	ovisi e obl mere otified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I had in writing of this change.	e to act performa for in C ereby co	in this capa nce of my d hapter 605, nfirm that th	city. I further agree t uties, and I am famili F.S. Or, if this docu he limited liability con	o comp ar with nent is npany	oly with the and accept being filed has been
S	ignatu		BY: Sy	lvia Quepp	et, Asst. Vice Presi	dent	

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