

From:

12/18/2015 10:36

#858 P.001/003

MO2000002624  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

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

Email Address: \_\_\_\_\_

RECEIVED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SCP 2004E-024, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 DEC 18 AM 8:22

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DEC 21 2015  
J. HARRIS

From:

12/18/2015 10:36

#858 P.002/003

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SCP 2004E-024 LLC

Enter new principal office address, if applicable:

(Principal office address  
MUST BE A STREET ADDRESS)

135 JERICHO TPKE

OLD WESTBURY, NY 11568

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M02000002624

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 10/03/2002

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

New Registered Office Address: 155 Office Plaza Drive, 1st Fl.

Enter Florida Street Address

TALLAHASSEE

City

Florida 32301

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

JOSE MOJICA, ASST. SECY

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JEFFREY M DAVIDSON</u>	<u>200 EAST LONG LAKE RD #180</u>	<input type="checkbox"/> Add
		<u>BLOOMFIELD HILLS, MI 48304</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>KAREN WHITE</u>	<u>2787 SYLVAN SHORES DR</u>	<input type="checkbox"/> Add
		<u>WATERFORD, MI 48328</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>MARY LOU GURA</u>	<u>200 E LONG LAKE RD #180</u>	<input type="checkbox"/> Add
		<u>BLOOMFIELD HILLS, MI 48304</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>LAWRENCE KADISH</u>	<u>135 JERICHO TPKE</u>	<input checked="" type="checkbox"/> Add
		<u>OLD WESTBURY, NY 11568</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

LAWRENCE KADISH

Typed or printed name of signee

Filing Fee: \$25.00

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