## M0400005258

(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:							

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 llockar2@cscinfo.com

Date: January 20, 2015

Order#: 458977-034

Re: SCP 2004E-518 LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 $\underline{XX}$  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.

QUCA.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.

1.	Na	me of the limited liability company: SCP 2004E-518	LLC			<del>-</del>
2	(a)	75 Myles Standish Road	(b)	75 Myles Standish Road		
	(4)	Principal office address of limited liability company:	_ (0,	Mailing address of limited	liability o	company:
		(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST	<u>OFFICE</u>	E BOX)
		Weston, MA 02493		Weston, MA 02493		
		12/01/2004	_	M04000005258		
3.		Date of filing/registration in Florida	 4.	Document number		
٥.		Date of Hangregistration in Florida	.,.	Bootiment named		
5.	(a)	C T Corporation System				
		Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:		
		1200 South Pine Island Road				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS			
						Ξ·co··
		···			Ċ	ÉĞ
		Plantaiton , FL_	33324		JAN	2.2
		,10_	00021		N	泛至カ
	/ <b>L</b> \	Corporation Service Company			$\sim$	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	ress:		유p .
					æ	STO
		4004 Have Oter et			<b>42</b>	REAT
		1201 Hays Street		· · · · · · · · · · · · · · · · · · ·	10	Ω <sub>E</sub>
		NEW Registered Office Address:				
			* '			
		Tallahassee , FL	32301			
the ag	e cha ent v as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co the lim	tered office and the business off mpany, it is hereby confirmed the ted liability company or as other	ice of the	ne registered hange(s)
		$\mathcal{A}$	Dona	a Priebe, Authorized Person		
	Signa	ture of a member or authorized representative of a member	_	Printed or typed name of	signee	
pr the to	ovisi e obl mere tified	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 h I in writing of this change.	ee to act performa I for in C ereby co	in this capacity. I further agree ince of my duties, and I am famil hapter 605, F.S. Or, if this doci infirm that the limited liability co	to comp 'iar with ument is ompany	ply with the h and accept being filed has been
Si	X) gnatu	oce C-Kubl. re of Registered Agent Corporation Service Company	BY: G	race E. Kirby, Asst. VP		

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