

M0500000284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

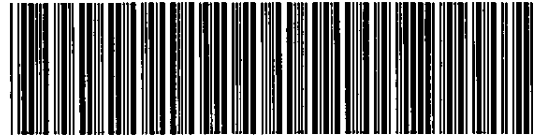
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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02/11/15--01012--020 \*\*25.00

FILED  
15 FEB 11 PM 4: 21  
MILWAUKEE, WI

*R. White*

FEB 16 2015

R. WHITE

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CLAS Information Services  
2020 Hurley Way, Suite #350 Sacramento CA 95825  
Tel: (800) 447-6237

Job Number: 235949

Date: 02/06/2015

**Name: SCP 2007-C27-009 LLC**

Request For: Florida  
TYPE OF FILING: Change of Agent

**Special Instructions:**

Please file the attached upon receipt. We have enclosed check #15670 in the amount of \$25.00. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Judy Culver

Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCP 2007-C27-009 LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDY CULVER

\_\_\_\_\_  
Name of Person

CLAS INFORMATION SERVICES

\_\_\_\_\_  
Firm/Company

2020 HURLEY WAY, STE. 350

\_\_\_\_\_  
Address

SACRAMENTO, CA 95825

\_\_\_\_\_  
City/State and Zip Code

jc@clasinfo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDY CULVER

800 447-6237

\_\_\_\_\_  
Name of Person

) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: SCP 2007-C27-009 LLC

2. (a) 65 LEDGESIDE LN (b) 65 LEDGESIDE LN

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

PLYMOUTH, NH 03264

PLYMOUTH, NH 03264

11/14/2005

M05000006284

3. Date of filing/registration in Florida

4. Document number

5. (a) COBB, KOLLEEN O.P.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2855 LEJEUNE ROAD, 4TH FLOOR

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

CORAL GABLES, FL 33134

(b) NRAI SERVICES, INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

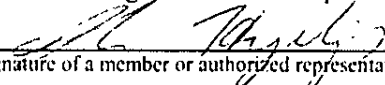
1200 SOUTH PINE ISLAND ROAD

NEW Registered Office Address:

PLANTATION, FL 33324

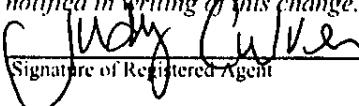
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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

JOHN K.C. HYSLIP  
Printed or typed name of signee

*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.*

  
Signature of Registered Agent

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