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(Red	questor's Name)	
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(City	/State/Zip/Phone	e #1
(Oit)	7 State / Elp/r Hone	- <i>**</i>
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(Bus	iness Entity Nan	ne)
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Certified Copies	Certificates	of Status
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Special Instructions to F	iling Officer	•
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115 N CALHOUN ST., STÉ. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	11/24/2020	
Name:		<del></del>
	#:1278018	
Entity Nam	ne:SCP 2	009-C34-507 LLC
☐ Artio	cles of Incorporation/Authorizat	on to Transact Business
☐ Am	endment	
<b>☑</b> Cha	ange of Agent	
☐ Rei	nstatement	
Cor	nversion	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Fict	itious Name	
☐ Oth	er	
Authorized		

F: 800.944.6607



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Account#: 120000000088

Date:	11/24/2020				
Name:		_			
Reference #					
	SCP 200	9-C34-507 LLC			
	es of Incorporation/Authorization				
Amendment					
Change of Agent					
Reins	statement				
☐ Conv	ersion				
☐ Merg	er				
Disso	olution/Withdrawal				
Fictiti	ous Name				
Other	r				
Authorized	/ <del></del>	<del></del>			

F: 800.944.6607

## 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.

l. Na	me of the limited liability company: SCP 2009-	C34-507 LL	C	<del></del>	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)			
	No Change	No Change			
	November 14, 2005		M050	00006285	
3.	Date of filing/registration in Florida	4.	Documen	nt number	
	Corporation Service Company				
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dep	t, of State:		
	1201 Hays Street	·			
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)		20	
				120 1	ture di
	Tallahassee F	L_32301		2020 NOV 25	
(b)	COGENCY GLOBAL INC.			· · ·	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office address	;	AM 9: 06	U
	115 North Calhoun St., Suite 4			90	
	NEW Registered Office Address:				
	Tallahassee	32301 _			
	Tallallassee , I				
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registere liability compa s of the limited se limited liabi	ed office and the bany, it is hereby c liability company lity company.	ousiness office of confirmed that the	f the registered e change(s)
	aul R. Womble	Paul R.	Womble		
~	ture of a member or authorized representative of a member			typed name of signe	
provisi the obt to mer	hy accept the appointment as registered agent and a ions of all statules relative to the proper and complet ligations of my position as registered agent as provia ely reflect a change in the registered office address. I in writing of this change.	gree to act in t le performance led for in Chap I hereby confi	his capacity. I fure of my duties, and sier 605, F.S. Or on that the limited	irther agree to co d I am familiar w , if this documen d liability compa	mply with the with and accept is being filed ny has been
/s/ Ti	m Mayville				
Signatu	re of Registered Agent				

Tim Mayville, Assistant Secretary

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

INHS18 (2/14)