## M05000066623

| (Re                                     | equestor's Name)   | _          |  |  |
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| PICK-UP                                 | ☐ WAIT             | MAIL       |  |  |
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| Certified Copies Certificates of Status |                    |            |  |  |
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| Special Instructions to Filing Officer: |                    |            |  |  |
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Office Use Only



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SECRETARY OF STATE FALLAHASSEE, FLORIDA



## **COVER LETTER**

| TO: Registration Section Division of Corporations  | ·   |  |  |
|--|---|--|--|
|  |   |  |  |
| SUBJECT: SCP 2005-C21-011 LLC  |   |  |  |
| (Name of L   | imited Liability Company)   |  |  |
| Dear Sir or Madam:   |   |  |  |
| The enclosed Registered Agent/Registered O   | Office Change and fee(s) are submitted for filing.  |  |  |
| Please return all correspondence concerning  | this matter to the following:   |  |  |
| Joseph Seravalli   |   |  |  |
| (Name of Person)   |   |  |  |
| The Barchester Corporation   |   |  |  |
| (Firm/Company)   |   |  |  |
| 3234 Riverview Lane  |   |  |  |
| (Address)  | <del></del>   |  |  |
| Daytona Beach, FL 32118  |   |  |  |
| (City/State and Zip Code)  | <del></del>   |  |  |
| For further information concerning this matter   | er, please call:  |  |  |
| Joseph Seravalli   | at ( 386 ) 788-8831   |  |  |
| (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 followin   | g amount:   |  |  |
| \$25 Filing Fee  | \$55 Filing Fee & Certified Copy  |  |  |

INHS18 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limit  | ted liability company is   | S: SCP 2005-C21-011 L  | LC  | ·····   |   |                              |
| 2. The mailing address  | of the limited liability   | company is :   |   |   |   |                              |
| 3234 Riverview Lane, [  | Daytona Beach, FL 321  | 18   |   |   |   |                              |
|   | aytonia bodati, t i ob.  |  |   |   |   | •                            |
| December 1, 2005  |  | M0500  | 00006623  | ······  |   | <del></del>                  |
| 3. Date of filing/registra  | tion in Florida  | 4. Do  | cument number   |   |   |                              |
| 5. The name of the regis<br>Florida Department of   | tered agent and the reg<br>f State:  | istered office address   | as shown on the rec   | cords of  | f the   |                              |
| •   | CT Corporation S   | System   |   |   |   |                              |
|   |  | Name   | <del>*************************************</del>  |   |   |                              |
|   | 1200 South Pine I  | sland Road   |   |   |   |                              |
|   |  | Address  |   | Æ<br>Æ  | 90  |                              |
|   | Plantation, Florida  |  |   |   | <u></u>   | carriend                     |
|   | City   | , State and Zip  |   |   |   | n (                          |
| 6. The name and address   | of the new registered  | agent and/or office:   |   | CKE (ARY  | 28  |                              |
|   | John Seravalli   |  |   | EE, FLORIDA   | PH  |                              |
|   |  | Name   | <del></del>   |   |   |                              |
|   | 3234 Riverview La  | ne   |   | ≊≅  | <del></del><br>သ                                | Section 2                    |
|   | Florida street addre   | ss (P.O. Box NOT ac  | ceptable)   | DE<br>A   | ယ   |                              |
|   | Daytona Beach,   | FL 32118   |   |   |   |                              |
|   | City,  | State and Zip  |   |   |   |                              |
| If the limited liability co<br>confirmed that after the cand the business office of<br>liability company, it is h<br>of the members of the li<br>or the operating agreement | change or changes are of the registered agent vereby confirmed that the mited liability compan   | made, the Florida stre<br>vill be identical. Or,<br>ne change(s) was/wer<br>y or as otherwise pro                              | eet address of the reg<br>in the case of a Flor<br>e authorized by an a   | gistered<br>ida lim<br>iffirmat                     | l office<br>ited<br>ive vo                      | te                           |
| July 1):  | exavtell.  |  |   |   |   |                              |
| (Signature of a member or author  | orized representative of a mem   | ber)   |   |   |   |                              |
| Joseph Seravalli Author   | rized Representative   |  |   |   |   |                              |
| (Printed or typed name of signed  | e)   | 4 ************************************   |   |   |   |                              |
| I hereby accept the apper comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm for the Chapter of Registered Agent)        | ointment as registered ns of all statutes relating accept the obligation in this document is being that the limited liabilities as the control of the control of the limited liabilities as the liabilit | agent and agree to ac<br>ve to the proper and on<br>ns of my position as in<br>filed to merely reflect<br>ity company has been | ct in this capacity. I<br>complete performan<br>registered agent as j<br>ct a change in the re<br>notified in writing | further<br>ce of m<br>provide<br>gistere<br>of this | " agre<br>y duti<br>d for i<br>d offic<br>chäng | e to<br>es,<br>n<br>ee<br>e. |
|   |  |  |   |   |   |                              |

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