## 206768

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2023 JAN 24 MM N: 37

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A. RAMSEY JAN 2 5 2023 CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

EXAMINER'S INITIALS:

## 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 2005-C21-5	07 LL	С					
2	(a)	135 JERICHO TPKE	(b) 135 JERICHO TPKE						
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		,\	dailing address of lim (Note: MAY BE PO			-
		OLD WESTBURY, FL 11568	_	OI	_D WES	STBURY, FL 1156	8		
		12/08/2005		мо	5000006	3768			
3.		Date of filing/registration in Florida	4.			Document numbe	r		
5.	(a)	REGISTERED AGENT SOLUTIONS, INC.							
	(-)	Registered Agent and Registered Office shown on the records of the 155 OFFICE PLAZA DRIVE	he Florio	ia Dep	t. of State	::			
		Registered Office Address (MUST BE FLORIDA STREET A STE A	DDRES	<u>:S)</u>					
		TALLAHASSEE , FL	32301				=	2023 JAN 24	,-
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office a	ddress	<u>.</u>			N 24 MIL: 3	FIT
		NEW Registered Office Address:						3	
		1201 Hays Street							
		Tallahassee, FL_	32301						
cha age wa	inge ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the rayill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister oility c the lin	red of ompa nited	fice and my, it is liability	I the business offi- hereby confirmed company or as o	ce of the I that the	registere change(	ed (s)
		Cilmi	Jill	Cilmi	i. Author	rized Representat	ive		
S	ignat	ure of a member or authorized representative of a member				Printed or typed nam	ic of signe	e e	
pro the to i not	ovisio ohli nere ifiea	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided it reflect a change in the registered office address. I have in writing of this change.	e to ac verforn for in vreby c	t in th iance Chap confir	his capa of my d ter 605, m that ti	city. I further agr uties, and I am fa F.S. Or, if this d he limited liability	ree to co miliar w ocument compai	mply wit ith and a is being ny has be	h the occept filed en
		e of Registered Agent Kirby, Asst. Vice President				<b></b>			

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