Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000249515 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : NRAI SERVICES, LLC Account Number : 120080000104 : (302)674-4089 Phone : (302)674-5266 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: LLC REGISTERED AGENT CHANGE SCP 2009-C34-014 LLC Certificate of Status 0 Certified Copy 01 Page Count

Electronic Filing Menu Corporate Filing Menu

Estimated Charge

Help

\$25.00

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.

| Na | me of the limited liability company:SCP_ | 2009-C3 | 4-0 | 14 LLC_ | | |
|-------------------------------|--|---|-----------------|---|---|---|
| (a) | | | (b | 1 | · · · · · · · · · · · · · · · · · · · | |
| • / | Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) | жлу: | (0 | / | Mailing address of I | iouted liability company: POST OFFICE ROX |
| | 5800 NW 171st Street | | | 5800 NW | 171st Street | |
| | Miami, FL 33015 | | | Miami, FL | 33015 | |
| | 6/16/2006 | | | M06000 | 0003405 | |
| | Date of filing/registration in Florida | 4 | ٠ | | Document num | ber |
| (a) | Dave Yusko | | | | | |
| ` | Registered Agent and Registered Office shows on the records of the Florida Dept of State | | | | 1 ⁻ | ,• |
| | Registered Office Address (MUST RE FLORIDA STREET ADDRESS) | | | | 0' | |
| | 5800 NW 171st Street | | | | | # E |
| | Miami | , FL | 15 | | | 7 |
| (b) . | NRAI Services, Inc. | <u> </u> | | - | | JUN 25 |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | 2 P | |
| | | | | | | 1060 1079 1170 1170 1170 1170 1170 1170 117 |
| | <u>NEW</u> Registered Office Address: | | | | | # S |
| | 1200 South Pine Island Road | | | | | |
| | Plantation | , FŁ | !4 | | | |
| ,. | | | | | | |
| char | nited liability company is not organized under ge or changes are made, the Florida street add | ress of the r | egist | ered office | and the busines | s office of the register |
| it w | ill be identical. Or, in the case of a Florida lime authorized by an affirmative vote of the men | iited liabilit | V COT | nnany, it is | hereby confirm | ed that the change(s) |
| utic | s of organization or the operating agreement | of the limit | ed liz | bility com | ралу. | omerwise provided in |
| (| Who I noder | | John I | Rhodes | | |
| | re of a member or authorized representative of a member | | | | Printed or typed us | - |
| | vaccept the appointment as registered agent a | nd agree to | act i | n this cupa | city. I further a | gree to comply with t |
| isio polis erel fied | v accept the appointment as registered agent a ns of all statutes relative to the proper and cor gations of my position as registered agent as p y reflect a change in the registered affice addr in writing of this change. | npiete perjo rovided for ess, I hereb | in Cl iy coi | nce of my a hapter 605, ifirm that ti | uties, and 1 am j F.S. Or, if this he limited liabili | document is being fil- ty company has been |

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