

MO6000005614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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FILED  
2013 JUL 22 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUL 23 2013

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

Job Number: 190666/JC

Date: 07/18/2013

**Name: SCP 2006-C23-527 LLC**

Request For: Florida

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check #119406 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 2006-C23-527 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

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

at ( 800 ) 447-6237

\_\_\_\_\_  
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 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. Name of the limited liability company: SCP 2006-C23-527 LLC

2. (a) Principal office address of limited liability company: 65 LEDGESIDE LN  
PLYMOUTH, NH 03264  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 65 LEDGESIDE LN  
PLYMOUTH, NH 03264  
**(Note: MAY BE POST OFFICE BOX)**

10/11/2006

3. Date of filing/registration in Florida

M06000005614

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CORPORATION SERVICE COMPANY

Registered Office Address: 1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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

NEW Registered Agent: NRAI SERVICES, INC.

NEW Registered Office Address: 1200 SOUTH PINE ISLAND ROAD  
**(MUST BE FLORIDA STREET ADDRESS)**  
PLANTATION, FL 33324

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.

John K.C. Hyslip  
Signature of a member or authorized representative of a member

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

*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 608, 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.*

By: NRAI SERVICES, INC.  
Judy Calver  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)