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DEFANCIA SEPERATIONS

DIVISION OF SEPERATIONS



ACCOUNT NO. : 072100000032

REFERENCE :

254763

7599626

AUTHORIZATION 6

COST LIMIT

ORDER DATE: October 2, 2007

ORDER TIME: 10:55 AM

ORDER NO. : 254763-395

CUSTOMER NO: 7599626

CHANGE OF AGENT

NAME: SCP 2006-C23-528 LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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.

3	J					
1. The name of the limite	d liability company is	: <u>SCP 2006</u>	-C23-528]	LLC		
2. The mailing address of	the limited liability c	ompany is : <u>c</u>	<u>/o Corpora</u>	ation Servic	e Compan	ı <u>y</u> .
2711 Centerville Road	<u>l, Suite 400, Wilm</u>	ington, DE	19808	·		-
10/11/2006 3. Date of filing/registrati	on in Florida		M0600000 4. Documen			
5. The name of the registe Florida Department of S		stered office a	ddress as sho	own on the re	cords of the	;
	C T Cor	poration Sys	tem	 =		-
	1200 Sout	<u>h Pine İsland</u> Address	Road	÷	1850	7
	Planta City	tion, FL 333, State and Zip	24		器	=
6. The name and address of	of the new registered a	igent and/or of	fice:		SEE P	
		Name			SECRETARY OF STATE	بر دن دن
	Florida street addres	Havs Street ss (P.O. Box N		ble)	- P	
	Tallahassee	FL	32301			
		State and Zip			•	
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement	lange or changes are not the registered agent we reby confirmed that the littled liability company tof the limited liability.	nade, the Flori vill be identical e change(s) way or as otherwity company.	da street add l. Or, in the as/were auth	dress of the re case of a Flo orized by an	egistered off rida limited affirmative	vote
(Signature of a member or authori	zed representative of a memb	oer)				
Elizabeth A. Dawson. (Printed or typed name of signee)		3	<u> 4644</u> -	÷	*	
I hereby accept the appoing comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered as of all statutes relative descript the obligation his document is being that the limited liability.	ngent and agre ve to the prope ns of my position filed to merely ity company ha	e to act in the rand complete on as registe reflect a chas been notif	nis capacity. ete performan red agent as nange in the r led in writing	I further ag nce of my di provided fo egistered of of this chai	ree to ties, I in fice nge.
(Standture of Registered Agent)						

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