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(Re	questor's Name)							
(Address)								
(Ad	dress)							
(Cit	y/State/Zip/Phone	e #)						
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
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ALLIANASSEE, FLORID,

10/24/16—10

D. BRUCE OCT 25 2016

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

Job Number: 287503-6671

Date: 10/18/2016

Name: SCP 2006-C23-528 LLC

Request For: Florida

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check #42097 in the amount of \$25.00. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Judy Culver

FILED

201 OCT 24 A ID 33

SECRETARY OF STATE
TALLAHASSEE. FLORIDI

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Pursuant to the previsions 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 2006-C2						
2. (a)	196 WHITTIER HWY	(b)	РО ВОХ	1169			
· (M)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	· ·	λ.	failing address (<u>Note: MAY</u>			
	CENTER HARBOR, NH 03226		CENTER	R HARBOI	R, NH (3226	
	10/11/2006	ľ	1 0600000	05615			
3.	Date of filing/registration in Florida	4.		Document i	number		
5. (a)	CORPORATION SERVICE COMPANY						
. (***)	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	he Florida f	Dept of State	;			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)					
	TALLAHASSEE, FL	32301-2	2525				
(b)	NRAI SERVICES, INC.				₹	Ng.	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>'ess</u> :			3	
	1200 SOUTH PINE ISLAND ROAD	سمون سنن در	14 hayan da sekara ak da 1888 - 1888		RETARY NHASSE	2016 OCT 24	FILED
	NEW Registered Office Address:				_mo	E D	m
	PLANTATION	33324			FLORIDA	Ø 33	0
the cha agent v was/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registability con the limitimited li	ered office npany, it is ted liability ability com	and the bus hereby con- company copany.	siness of itirmed t	fice of t hat the	the registered change(s)
Signat	ture of a member or authorized representative of a member	100	N K.C. H	Printed or typ	ped name o	of signee	
I here provisi the obl to mero notifica	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I le if in writing of this hange.	ve to act performa d for in C hereby co	in this cape nce of my c hapter 605 nfirm that i	wity. I furt luties, and . F.S. Or, i the limited l	her agre l am fam f this dod liability (e to con iliar wi rument rompan	nply with the th and accep is being filed y has been
Signatu	JUDY CULVER, ASSISTANT SECI	RETARY					
	Division of Corporations P O 1	Rox 6327	 Tallahas 	see FL 323	LIS		

FILING FEE: \$25.00