

MO 7000000 5391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

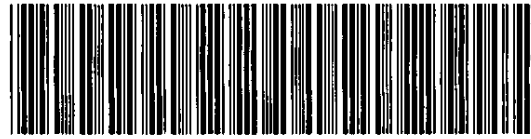
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/18/09--01022--015 **75.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2009 JUN 18 AM 11:02
NO INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
09 JUN 18 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

JUN 18 2009

EXAMINER



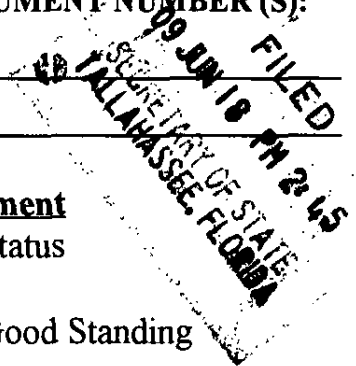
UCC FILING & SEARCH SERVICES, INC.
 1574 Village Square Blvd Ste 100
 Tallahassee, Florida 32309
 (850) 681-6528

**HOLD
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June 18, 2009

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

SCPF Miami LLC



Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

Retrieval Request

- Photocopy
- Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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: SCPF MIAMI LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

c/o WPP, 125 Park Ave., 4th Fl
New York, NY 10017

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

c/o WPP, 125 Park Ave., 4th Fl
New York, NY 10017

September 6, 2007

3. Date of filing/registration in Florida

M07000005391

4. Document number

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

Registered Agent: NRAI Services, Inc.

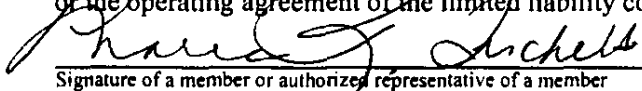
Registered Office Address: 2731 Executive Park Drive, Suite 4
Weston, FL 33331

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

NEW Registered Agent: United Corporate Services, Inc.

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 9200 South Dadeland Boulevard
Suite 508
Miami, FL 33156

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.


Signature of a member or authorized representative of a member

Maria R. Fischetti, Attorney-In-Fact

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.


Signature of Registered Agent

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

SPECIAL POWER OF ATTORNEY

By this special power of attorney, WPP GROUP USA, INC. does hereby make, constitute and appoint Maria R. Fischetti, of United Corporate Services, Inc., Ten Bank Street, Suite 560, White Plains, New York 10606, as its true and lawful attorney-in-fact, for it and in its name, place and stead, to sign and deliver to any state authorities change of agent documents as necessary to change the registered agent for WPP Group USA, Inc. and subsidiaries to United Corporate Services, Inc.

WPP GROUP USA, INC.

By: 


Kevin Farewell
Assistant Treasurer, Vice President and
Senior Tax Counsel
125 Park Avenue
New York, New York 10017
October 31, 2008

STATE OF NEW YORK

COUNTY OF NEW YORK

On this 31st day of October 2008, before me a duly authorized Notary Public, personally appeared Kevin Farewell, who is to me known to be the person who executed the foregoing Special Power of Attorney, and he/she, being first duly sworn, stated upon oath that he is the duly elected Assistant Treasurer, Vice President and Senior Tax Counsel of the Company named above and have full power and authority to execute the foregoing Special Power of Attorney.

(NOTARY SEAL)


Notary Public

My Commission Expires: _____

BILL WEISS
Notary Public, State of New York
No. 01WE5011333
Qualified in Queens County 2011
Commission Expires April 19, _____