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H5 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/24/2020	
Name:		
	#:1278018	
Entity Nam	ne:SCP	2010-C35-505 LLC
Ame	cles of Incorporation/Authoriza endment ange of Agent	tion to Transact Business
	nstatement	
☐ Cor	rger	
Diss	solution/Withdrawal	
☐ Fict	itious Name	
Oth	er	
Authorized	\$25.00 \$25.00	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	11/24/2020	
	Chris Vick	
	#:1278018	
Entity Nam	ne:SCP 2	010-C35-505 LLC
Artic	cles of Incorporation/Authorizat	on to Transact Business
Ame	endment	
☑ Cha	inge of Agent	
☐ Reir	nstatement	
Con	oversion	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Fict	itious Name	
Oth	er	
Authorized	Amount: \$25.00	

F: 800.944.6607

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

Principal office address of lin	nited liability company:	(b)	Mailing add	iress of limited liability compar
(<u>Now: MUST BE STR</u>	(EET ADDRESS)		(<u>Note: M</u>	<u>IAY BE POST OFFICE BOX</u>
No Change			No Change	
March 19, 2008			M080	000001341
Date of filing/registrat	tion in Florida	4.	Docume	nt number
Corporation Service Com	npany			
Registered Agent and Registered Offi	ce shown on the records	of the Florida [Dept, of State:	
1201 Hays Street				
Registered Office Address (MUS)	T BE FLORIDA STREE	T ADDRESS)		2020 NO
				2020 NOV 25
Tallahassee COGENCY GLOBAL INC	· ·	FL. 32301		25 AM
Tallahassee	· ·	FL. 32301		25 AM 9:
Tallahassee COGENCY GLOBAL INC	nt and/or <u>NEW Register</u>	FL. 32301		25 AM
Tallahassee COGENCY GLOBAL INC	nt and/or <u>NEW Register</u>	FL. 32301		25 AM 9:

d the articles of organization or the operating agreement of the limited liability company.

/s/ Paul R. Womble

Paul R. Womble

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605. 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.

/s/ Tim Mayville

Signature of Registered Agent

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