1090000393

(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:				
Special instructions to Filing Officer.				

Office Use Only



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04/24/13--01024--003 **25.00

2013 APR 24 AM ID 03

APR 25 2013



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Kathleen Shields kshields@cscinfo.com

Date: April 22, 2013

Order#: 609594-018

Re: SCP 2010-C36-508 LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX ___ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Kathleen Shields c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

SECRETARY OF STATE.

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.

_	5		
1. Nar	ne of the limited liability company: SCP 2010-C36-5	08 LLC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 3300 S Parker Road #310 Aurora, CO 80014	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3300 S Parker Road #310 Aurora, CO 80014	720 720 720 720
01/29/2	2009	M09000000393	28 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		4. Document number	CONTRACTOR IN
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida I	Dept. of State:
	Registered Agent:	C T Corporation System	
	Registered Office Address:	1200 South Pine Island Ro	ad
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>		
	NEW Registered Agent:	Corporation Service Compa	arry
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street	
	_	Tallahassee	,FL_32301
confirr and the liabilit the me the ope	imited liability company is not organized under the lend that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) imbers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of the cal. Or, in the case of a Fl was/were authorized by an	registered office lorida limited 1 affirmative vote of
Signature	of a member of authorized representative of a member		
	Priebe, Authorized Representative or typed name of signee	_	
comply and I a Chapte addres By:	by accept the appointment as registered agent and a with the provisions of all statutes relative to the proving the following of my power took, F.S. Or, if this document is being filed to mean the company of the company of the company of Registered Agent. Company of Registered Agent.	per and complete perform sition as registered agent a rely reflect a change in the has been notified in writi	. I further agree to ance of my duties, as provided for in registered office ng of this change.
Signatur	e of Registered Agent Corporation Service Company	Grace E. Kirby, Asst. VP	

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