## MII 00000 5610

(Requestor's Name)	
(Address)	700340
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	02/20/20
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: February 18, 2020

Order#: 183917-020

Re: SCP 2011-C37-006 LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 $\overline{XX}$  Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Please return evidence to the following:

Attn: Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive 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

## 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 Florida.

1.	Na	me of the limited liability company:	SCP 2011-C37-0	006 LLC			
2	(a)	2127 R ST NW		(b)	2127 R St NW		
<b>L</b> .	(α)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		WASHINGTON DO	20008	_	WASHINGTON	DC 20008	
		11/07/2011			M11000005610		
3.		Date of filing/registration in	i Florida	4.	Document	. number	
5.	(a)	C T Corporation System					
J. (u	(-/	Registered Agent and Registered Office show	on the records of t	he Florida	Dept. of State:		
		1200 South Pine Island Rd					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<del></del>	2020 FF B		
						핖	
		Plantation	, FL_	33324		n 20	
(						P	
	(b)	Corporation Service Company				PH 6:	
		Enter name of <u>NEW Registered Agent</u> and/	or NEW Registered	Office add	ress:	42	
		1201 Hays Street					
		NEW Registered Office Address:			<del></del>		
			.=				
		Tallahassee	, FI,	32301			
th ag w	e cha jent v as/wo	imited liability company is not organiunge or changes are made, the Florida will be identical. Or, in the case of a lere authorized by an affirmative vote icles of organization or the operating	street address of Florida limited lia of the members o	the regist bility con f the limi	ered office and the bi npany, it is hereby co ted liability company	usiness office of the registered onfirmed that the change(s)	
	/s/ Ja	ny Stein		Jay \$	Stein, Authorized Pers	son	
	Signa	ture of a member or authorized representative	of a member		Printed or t	yped name of signee	
pr th to	ovisi e obl mere	by accept the appointment as register ons of all statutes relative to the projigations of my position as registered ely reflect a change in the registered d in writing of this change.	ed agent and agr per and complete agent as provided office address, I h	ee to act performa I for in C vereby co	in this capacity. I fur nce of my duties, and hapter 605, F.S. Or, nfirm that the limited	ther agree to comply with the l I am familiar with and accept if this document is being filed liability company has been	
S	ignatu	re of Registered Agent Corporation Serv	vice Company	BY: Gr	ace E. Kirby, Asst.	Vice President	