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From:

LINDA A. SCARCELLI

..Account Name

... CNI, FINANCIAL GROUP, INC.

Account Number : 113615003626

·: (407)650-1552 : (407)540-2699

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linda.scarcelli@cnl.com

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B19000117157 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it a	ppears on	the records	of the Flor	da Depa	rtment of	
State: SCP Strategic Capital	Equity	Co, LLC	· · ·	<u> </u>	·	· · · · · · · · · · · · · · · · · · ·
Enter new principal office address, if applica	ible:	· · · ·				· · · · · · · · · · · · · · · · · · ·
(Principal office address	7.7					
MUST BE A STREET ADDRESS)						. 7.
	· 	+ 2 - 7				
Enter new mailing address, if applicable:		<u> </u>				<u> 7</u> 25
(Mailing address MAY BE A POST OFFICE BOX)					•	Eliza Eliza
						0;
2. The Florida document number of this limi	 1 11b.:11:1		M190	0000	3308	
		iy eninpany	18.,	 	· · · · · · · · · · · · · · · · · · ·	
3. Jurisdiction of its organization: Delaw	are	· 	· · · · · · · · · · · · · · · · · · ·	·	••	· · · · · · · · · · · · · · · · · · ·
4. Date authorized to do business in Florida:	April 2	2, 2019	· · · · · ·	· 		·
SECTION II (5-9 complete only the applic	able chai	nges)				
5. New name of the limited liability compan	y: SCA	NP Equit	yCo Hol	ding, l	LC	.," or "LLC.").
	(musi co		ed Lidolity	Compar		., or DEC.).
(If name unavailable, enter alternate name accopy of the written consent of the managers must contain "Limited Liability Company," "	or managi	ng member:				
6. If amending the registered agent and/or re- registered agent and/or the new registered of			is on our re	ords, <u>en</u>	ter the nans	of the new
Name of New Registered Agent:						·
New Registered Office Address:	————————————————————————————————————		· · · ·	· 1 O.		·
			Enter Fi		eet Address	·
			ity		Florida	Zip Code
New Registered Agent's Signature, if changing thereby accept the appointment as registere, the provisions of all statutes relative to the pand accept the obligations of my position as document is being filed to merely reflect a chilability company has been notified in writing	d agent ar roper and registered lange in th	nd agree to complete p agent as p he registeres	erformance rovided for	of my di in Chapt	ities, and Le er 605, F.S.	im familiar with Or, if this
<u> </u>	ICChu-	aire Vasiet	red Agent	Cian des	of Nine Pi	eistered Acent
	ii Chan	3 Ruik KeRizre	nea Agent,	<u>Pikusirii</u>	OI INEW K	zistered Agent

. If the amendment changes person, title or capacity in	accordance with 6	05.0902 (1)(e)	, indicate that ch	ange:
Title/ Capacity Name		Address	Ţ	ης of Action
				Add
			•	Remove
				Remove
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				. ☐ Add
		,		Remove
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Filing Fee: \$25.00

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SCP STRATEGIC CAPITAL EQUITYCO, LLC", CHANGING ITS NAME FROM "SCP STRATEGIC CAPITAL EQUITYCO, LLC" TO "SCAP EQUITYCO HOLDING, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF APRIL, A.D. 2019, AT 12:13 O CLOCK P.M.





.7353939 8100 SR# 20192516447

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January Vo. Barriot. Garrioury of Natur

Authentication: 202571514 Date: 04-03-19

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To:

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State of Deboure
Secretary of State
Division of Corporations
Debocred 12:13 PM 04/03/2019
FILED 12:13 PM 04/03/2019
SR 20192516447 File Number 73/53939

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

as follows				
FIRST: The	s name of the li	mited liability comp	any is SCAP Equity(o Holding, LLC
,		, <u>.</u>	•	
		* ****		
	. •	•		• • • • •
ļ <u>.</u>	· · · · · · · · · · · · · · · · · · ·			
in WiTN		EOF, the under day of April	•	ted this Certificate of A.D. ²⁰¹⁹
me Sia		diy or 11pm	شدسسات ده متبعند	, A.D. 1000
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