

M1900003334

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190001171563))



H190001171563ABC+

2019 APR - 9 2 17

FILED

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: LINDA A. SCARCELLI
Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407)650-1552
Fax Number : (407)540-2699

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: linda_scarcelli@cnl.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SCP STRATEGIC CAPITAL DEBTCO, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

2019 APR - 9 PM 2:51

4/10/19 05

H19000117156 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 appears on the records of the Florida Department of State: SCP Strategic Capital DebtCo, LLC

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M19000003334

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 2, 2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: SCAP DebtCo Holding, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____ Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 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.

If Changing Registered Agent, Signature of New Registered Agent

H19000117156 3

FILED
2019 APR - 9 11 AM
TALLAHASSEE, FLORIDA

H19000117156 3

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 09-11-2019 BY 60322
 JAL/STP

FILED

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Linda A. Scarcelli
 Signature of the authorized representative

Linda A. Scarcelli

Typed or printed name of signee

Filing Fee: \$25.00

H19000117156 3

B19000117156 3

Delaware

The First State

Page 1

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 DEBTCO, LLC", CHANGING ITS NAME FROM "SCP STRATEGIC CAPITAL DEBTCO, LLC" TO "SCAP DEBTCO HOLDING, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF APRIL, A.D. 2019, AT 12:11 O' CLOCK P.M.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 04-03-19 BY 60322

FILED



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

7353928 8100
 SR# 20192516446

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202571508
 Date: 04-03-19

B19000117156 3

B19000117156 3

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:11 PM 04/03/2019
FILED 12:11 PM 04/03/2019
SR 20192516446 - File Number 7353928

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: _____
SCP Strategic Capital DebtCo, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST: The name of the limited liability company is SCAP DebtCo Holding, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 3rd day of April, A.D. 2019

By: Linda A. Scarcelli
Authorized Person(s)

Name: Linda A. Scarcelli
Print or Type

FILED