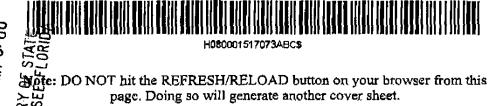
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Division of Corporations

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From:

Account Name

: TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

Phone

(770) 777-2091

Fax Number

: (770)220-1943

## REGISTERED AGENT CHANGE

SC-BMG GP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502. 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of ${ extstyle  ilde{ e$	lorida
in orde	er to change its registered office or registered agent, or both, in the State of Flo	orida.
1. The name of the corporation: SC-BMG GP, Inc		
	office address; ONE N CLEMATIS ST, STE 305 LM BEACH FL 33401 US	
3. The mailing a	address (if different): c/o Centrecorp Management Servic 2851 John Street, Ste 1, Markham	
4. Date of incorp	poration/qualification: 07/14/2004 Document number: P04000	104867
	d street address of the current registered agent and registered office on file with runent of State:	the
	KOSOY, BRIAN D	
	ONE N CLEMATIS ST, STE 305	22. <sub>16</sub> _
	WEST PALM BEACH FL 33401 US	NECH JI
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	SS
	NRAI Services, Inc.	mo z M
	2731 Executive Park Drive, Suite 4	3: 20 5: 57AI
	(P.O. Box NOT acceptable) Weston, FL 33331	PAGE O
The street addre	ess of its registered office and the street address of the business office of its be identical.	registered agent,
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	fficer so
	ert S. Green Robert S. Green, Ture of an officer of director) (Printed of Speed Name and bill	•
I hereby accept I further agree to of my duties, and document is beli corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp ad I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby s been notified in writing of this change.	lete performance agent, Or, if this confirm that the
(Sig	gnature of Registered Agent) 6/16/08 (Date)	
If signing on bel	half of an entity:	
	lik, Asst. Secretary	
(T)	ypod or Printed Name) * * * FILING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)