

FD9000 94273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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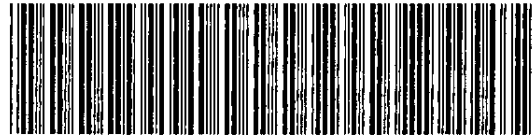
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SCL Investment Enterprises, Inc.
Name of Corporation

DOCUMENT NUMBER: P09000094273

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sheila C. Latiff
Name of Contact Person

SCL Investment Enterprises, Inc.
Firm/Company

12889 Cannington Cove Terr.
Address

Jacksonville, FL 32258
City/State and Zip Code

marklatiff@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila C. Latiff at (904) 424-7170
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Fla. _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- Sheila C. Latiff**

- Mark D. Latiff**

12889 Cannington Cove Terr.

P.O. Box NOT acceptable

Jacksonville, FL 32258

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Sheila C. Latiff, Pres.

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

03/31/11

Date _____

If signing on behalf of an entity:

SCL Investment Enterprises Inc
Typed or Printed Name

**MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**