

P15000087047

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SCB MANAGEMENT CORP
Name of Corporation

DOCUMENT NUMBER: P150000 87047

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:

Trinette Zarran (P)
Name of Contact Person

SCB MANAGEMENT CORP
Firm/Company

8100 OAK LAKE, Suite 403
Address

Miami Lakes, FL 33016
City/State and Zip Code

trinettez@hotmail.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trinette Zarran at (305) 450-5378
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

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

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 FLORIDA ☒ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SCB MANAGEMENT CORP.
2. The principal office address: 8100 OAKLANE, Suite 403
Miami Lakes, FL 33016
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 10/22/2015 Document number: P15000087047

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Cristobal D. PADRON
2095 West 76th Street, 111
Hialeah, FL 33016

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):


Elias Leonard Dsouza ✓
111 N. Pine Island Rd #205
Plantation, FL 33324

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent

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
TRINETTE ZARRAN, P.

Trinitte Zarran, President
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

12/9/16
Date

If signing on behalf of an entity:

Elias Leonard Dsouza
Typed or Printed Name

*** FILING FEE: \$35.00 ***