(Red	uestor's Name)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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R.A. Charge

JUN 1 5 2009

EXAMINER



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, Florid ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of	of FLORIDA
1. The name of	the corporation: SC OF FLORIDA II, INC.	
2. The principal	office address: 4224 W. Henderson Boulevard, Attn: Lega	ıl Dept.,
	FL 33629-5611	
	address (if different): 4224 W. Henderson Boulevard, Attn: IFL 33629-5611	Legal Dept.,
4. Date of incor	poration/qualification: 04/01/1997 Document number: P970	000031955
	d street address of the current registered agent and registered office on file rtment of State:	with the
	Jane Phillips	
	4224 W. Henderson Boulevard	
	Tampa, FL 33629	SECH SECH
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	55.25
	Corporation Service Company	AN II:2! OF SIA EE. FLOR
	1201 Hays Street	STA.
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street address of the business office of the identical.	f its registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by he board, or the corporation has been notified in writing of the change.	an officer so
<u></u>	All Jane Phillips of the of typed hame a	jecretory
I hereby accept I further agree of my duties, an document is bei corporation has	t 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 can familiar with and accept the obligation of my position as registed in gilled merely to reflect a change in the registered office address, I he is been notified in writing of this change. Ition Service Company	\mathcal{O}
Dy. 1 106	gnature of Registered Agent) (Date)	
If signing on be	chalf of an entity:	
	Vannoy, Assistant VP	
(1	Typed or Printed Name)	

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

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