ID Number: ____000141184 Filing Fee: \$20.00



Form No. 642 Revised: 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

 The name of the limited liability company is: SCP 2009-C34-080 LLC The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Is State is: 222 JEFFERSON BOULEVARD, SUITE 200, WARWICK, RI 02888 The NEW address of the resident agent is: 450 VETERANS MEMORIAL PARKWAY, SUITE 7A, EAST PROVIDENCE, RI 02914 The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Is State is: CAPITOL CORPORATE SERVICES, INC. 	Island Secretary o
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State is:	
CAPITOL CORPORATE SERVICES, INC.	Island Secretary o
5. The name of the NEW resident agent is: NATIONAL REGISTERED AGENTS, INC.	
 The appointment of a new resident agent and the change of address of the resident agent, as the c become effective upon the filing of this statement. 	case may be, shal
Under penalty of perjury, I declare that contained herein is true and correct.	it the information
Date: 07/17/2015 SCP 2009-C34-080 LLC	
10:55 AM Print Name of Limited Liability Com	mpany
FILED	
AUG 24 2015	rdn
By 255100	
Form No. 642 Revised: 12/05	: <u>2</u>