L01000021232

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Sasmess Small Hame)		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		

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SECRETARY OF STATE

10 OCT 15 PM 2: 5:

D. BRUCE

OCT 18 2010

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: MERRITT HOUSING, LL	.c			
	ed Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Myra Homer Name of Person				
Capitol Services Registered Agent	Department			
800 Brazos, Suite 400				
Austin, Texas 78701 City/State and Zip Code				
mhomer@capitolservices.co	om ation)			
For further information concerning this matter, p	lease call:	35.C	10	
Myra Homer at ((800) 345-4647		57	-
Name of Person	Area Code & Daytime Telephone Number	SS.	<u></u>	-
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Y OF STATE EE. FLORIDA	PH 2:57	D
Enclosed is a check for the following an	nount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: MERRIT	T HOUSING, LLC			
2. (a) Principal office address of limited liability comp				
	El Paso, TX 79902			
(Note: MUST BE STREET ADDRESS)				
(b) Mailing address of limited liability company:	4401 N. Mesa Street			
(Note: MAY BE POST OFFICE BOX)	El Paso, TX 79902			
12/7/2001	L01000021232			
3. Date of filing/registration in Florida	4. Document number			
- "				
5. (a) Registered Agent and Registered Office shown	·			
Registered Agent:	CT Corporation System			
Registered Office Address:	1200 S. Pine Island Rd.			
	Plantation FL 33324			
(b) Enter name of NEW Registered Agent and/or I	NFW Registered Office address			
	· · · · · · · · · · · · · · · · · · ·			
NEW Registered Agent:	Capitol Corporate Services, Inc.			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive, Suite A			
(MUST BE PLORIDA STREET ADDRESS)	Tallahassee , FL 32301			
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability or agreement of the limi	le Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote			
Susanne Smith	<u> </u>			
Printed or typed name of signee	James din this series 16 and a series 0			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to be proper and complete performance of my duties be provided for its position as registered agent as provided for its provid			
Wilanu Case Delanie Case, Asst. Secretary on				
Signature of Registered Agent behalf of Capitol Corpo	prate Services, Inc.			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				