

L06000052843

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCR000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

REGISTERED AGENT CHANGE

NEWQUEST MANAGEMENT OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

07 JAN 30 AM 8:00

SECTION OF CORPORATIONS

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

Payment to the provisions of sections 608.415 or 608.503, 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. The name of the limited liability company is: NewQuest Management of Florida, LLC

2. The mailing address of the limited liability company is: 2000 North Loop West, Suite 1500,

Houston, TX 77092

May 21, 2006

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Bill Thomas

Name

1175 South US Highway One

Address

Vero Beach, Florida 32962

City, State and Zip

6. The name and address of the new registered agent and/or officer:

CT Corporation System

Name

1202 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Ft. Pierce

FL

33314

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Terpa E.J. Jordan, Assistant Secretary

(Printed or typed name of signor)

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 aware that I am subject to the jurisdiction of the State of Florida as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to change the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Jane Zachary CT Corporation System

(Signature of Registered Agent)

Jane Zachary

Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

DHS18 (2005)

STATE OF FLORIDA

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