## 

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SEGREDARY OF STATE

D. BRUCE

OCT 18 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: HBC CONSTRUCTION I		
Name of Limit	ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	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 Firm/Company	<u>Depart</u> ment	
800 Brazos, Suite 400		
Address		7. mg
		TO OCT 15
Austin, Texas 78701		- 관취 응 🛶
City/State and Zip Code		AS -
mhomer@capitolservices.com E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notifica	lion)	C S No E
For further information concerning this matter, pl	ease call:	TATE ORIDA
Myra Homer at (	800 ) 345-4647	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	i ananassee, fiorida 52314	
Enclosed is a check for the following am	ount:	
X \$25 Filing Fcc	\$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: HBC CO	NSTRUCTION MANAGERS, LLC		
2. (a) Principal office address of limited liability comp	any: 4401 N. Mesa Street		
(Note: MUST BE STREET ADDRESS)	El Paso, TX 79902		
(ITOTE) MOST BEIGHNESS			
(b) Mailing address of limited liability company:	4401 N. Mesa Street		
(Note: MAY BE POST OFFICE BOX)	El Paso, TX 79902		
	**************************************		
6/20/2003	M03000002025		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:		
Registered Agent:	CT Corporation System		
Registered Office Address:	1200 S. Pine Island Rd.		
	Plantation FL 33324		
(1) F			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>			
NEW Registered Agent:	Capitol Corporate Services, Inc.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive, Suite A		
	Tallahassee , FL 32301		
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.			
ignature of a member of authorized representative of a member	<del></del>		
Gusanne Smith			
Printed or typed name of signce  I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the signal I am familiar with and accept the obligations of my hapter 608, F.S. Or, if this document is being filed to it address, I hereby confirm that the limited liability compositions of the limited liability compositions. See the confirmation of the limited liability compositions are confirmation.	cretary on		
Signature of Registered Agent behalf of Capitol Corpo	Name of the last o		
Division of Corporations, P.O. Box FILING FEE:	\$25.00		
NHS18 (05/08)	D 2:58		