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(Re	equestor's Name)					
(Address)						
(Ac	ddress)					
(Ci	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bı	usiness Entity Nar	me)				
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

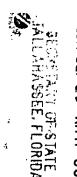
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09/29/14--01004--004 **25.00



FILED

10/7/14



Statement of Change of Registered Office or Registered Agent or Both for Limited **Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

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

DATE: STATE: 9/25/2014 **FLORIDA**

REP UNIT:

CARTER GOBLE LEE LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #25353 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

COVER LETTER

_	stration Section sion of Corporations					
SUBJECT:	CARTER GOBLE LEE LLC					
Dear Sir or N	Nam	e of Limited Liab	ility Company			
Dear Sir or N	viadam.		•			
The enclosed	I Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.			
Please return	all correspondence concerning thi	s matter to the fol	lowing:			
,						
Myra Simi						
	Name of Person					
Capitol Co	orporate Services, Inc. (Reg	istered Agent	Dept.)			
	Firm/Company	,	,			
900 Dag	Ct- 400					
800 Brazo	Address					
Austin TX	78701					
	City/State and Zip Code		•			
E-mail	address: (to be used for future ann	ual report notifica	tion)			
For further is	nformation concerning this matter,	please call:				
Advan Cinn		000	045 4047			
Myra Simr	Name of Person) 345-4647 Area Code & Daytime Telephone Number			
			·			
	EET/COURIER ADDRESS:	*	LING ADDRESS:			
5.7	stration Section	Registration Section				
	sion of Corporations on Building	Division of Corporations P.O. Box 6327				
2661	Executive Center Circle shassee, Florida 32301		hassee, Florida 32314			
Enclosed is a check for the following amount:						
\$ 2	25 Filing Fee	\$55	Filing Fee & Certified Copy			
INHS18 (2/14))					

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

submit	ant to the provisions of sections 603.8 ts the following statement in order	1114 or 603.0116, F to change its regist	tered office or re	ne unaersignea iimite egistered agent, or bo	a Hability company oth, in the State of	
Florida 1. Nat	ce of the Limited Liability Company:					
2. (a) 4401 North Mesa		(b) 4401 North Mesa				
2. (a)	Principal office address of limited hi		· / — — —	Mailing address of limited (Note: MAY BE POST		
	El Paso, TX 79902		El Paso	, TX 79902		
	7/3/2003		M03000	0002270		
3.	Date of filing/registration in	r Florida	4.	Document number	•	
5. (a)	Registered Agent and Registered Office sho			- e:	PIL SEP 25	
	Tallahassee	,	32301	- -	29 AMII: 56 29 AMII: 56 ARY OF STATE	
(b)	Capitol Corporate Services, I Enter name of <u>NEW Registered Agent</u> and		Tice address:	-	56 RIDA	
	155 Office Plaza Dr Ste A NEW Registered Office Address:			- ,		
	Tallahassee	, FL_	32301	-		
the cha agent v was/we the arti	limited liability company is not organ ange or changes are made, the Florida will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	street address of the Florida limited liabi of the members of tagreement of the lir	e registered offic ility company, it i he limited liabilit nited liability cor	e and the business offi is hereby confirmed the ty company or as other apany.	ice of the registered at the change(s) rwise provided in Exercise Member	
I here provisi the obi to mer	the of a memory or authorized representative by accept the appointment as registe, ions of all statutes relative to the prolifications of my position as registered relative to a change in the registered ratin writing of this change.	red agent and agree per and complete pe agent as provided f office address, I hei	erformance of my for in Chapter 60. reby confirm that	pacity. I further agree duties, and I am Jamil 5, F.S. Or, if this docu the limited liability co	to comply with the	
Signati	ure of Registered Agent		•	nt Secretary on orate Services, Inc	2.	
	Division of Cour	orationes PA Ro			••	