M05000001/35

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(,		
PICK-UP WAIT MAIL	-	
(Business Entity Name)		
(Document Number)		
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L. SELLERS

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEF, FI ORID.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLORIDA TIERRA I	HOLDINGS, LLC f Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Myra Homer (Name of Person)	
Capitol Corporate Services (Firm/Company)	s, Inc.
800 Brazos, Suite 400 (Address)	0
Austin, TX 78701 (City/State and Zip Code)	·
For further information concerning this matter	er, please call:
Myra Homer (Name of Person)	at (800) 345 - 4647 (Area Code & Daytime Telephone Number)
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
Enclosed is a check for the followin	g amount:
X \$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: FLORIDA	TIERRA HOLDINGS, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 4400 Post Oak Pkwy, Ste. 1400 Houston, TX 77027
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
5/6/2005	M05000002635
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Rd Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: Capitol Corporate Services, Inc.
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Capitol Corporate Services, Inc. 155 Office Plaza Dr. STE A
•	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles o limited liability company. (Signature of amember or authorized representative of a member)	t address of the registered office and the business
H. Suranne Thomas (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if his document is being filed to merely reflect a confirm that the limited liability company has been notified	
(Signature of Registered Agent) Delanie Case, Ass	st. Sec.
Division of Corporations, P.O. Box	6327, Tallahassee, FI. 32314

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)