## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Pax Number

: (850)617~6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:\_\_\_\_\_\_

REGISTERED AGENT CHANGE

THE LITTLETON GROUP WESTERN DIVISION, INC.

Certificate of Status	0
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Corporate Filing Menu

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8/30/2012

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CT CORPORATION

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations					
SHIRT	The Littleton Group Western Division, Inc.					
Name of Corporation						
DOCI	F11000003095 JMENT NUMBER:					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person						
	Firm/Company					
	Address					
	City/State and Zip Code					
City, Suite and Exp Code						
E-mail address: (to be used for future annual report notification)						
For fu	ther information concerning this matter, please call:					
	at (					
	Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Street Address: Amendment Section Amendment Section					
	Division of Corporations Division of Corporations					
	P.O. Box 6327 Clifton Building					
	Tallahassee, FL 32314 2661 Executive Center Circle					

CR2E045 (03/12)

FL006 - 85/16/2012 Wolkers Kluwer Online

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		502, 607.1508, or 617.1508, Flor anized under the laws of the State	
in order to change its	registered office or regl	stered agent, or both, in the State	of Florida
1. The name of the corporation	1: The Littleton Group Wes	stern Division, Inc.	
2. The principal office address	1250 S. CAPITAL OF T	EXAS HWY. BUILDING 1, SUITE	550 AUSTIN TX 78746
3. The mailing address (if diff	erent): POST OFFICE BO	X 163627 AUSTIN TX 78716-362	7
4. Date of incorporation/qualit	ication: 08/01/2011	Document number: F110	100003095
5. The name and street address Florida Department of State		agent and registered office on fil	le with the
CORPORATI	ON SERVICE COMPANY	<b>(</b>	Sign -
1201 HAYS S	TREET		2 10
TALLAHASS	EE FL 32301-2525		630 630 888
6. The name and street address (if changed):	of the new registered ag	ent (if changed) and /or registere	d office
C T Corporati	on System		
c/a C T Corpo	ration System, 1200 South	Pine Island Road Plantation,	# #
EU 11 0000	P.O. Box NO	OT acceptable	
Florida 33324			
The street address of its regist as changed will be identical.	ered office and the stree	t address of the business office of	of its registered agent,
Such change was authorized bauthorized by the board, or the	y resolution duly adopte corporation has been no	d by its board of directors or by otified in writing of the change.	an officer so
EANX ED	foll !	Kristin Bolden, Secretary	od utla
I hereby accept the appointment of the second of the secon	nt as registered agent an the provisions of all sta t I am familiar with and being filed merely to ref ration has been notified	nd agree to act in this capacity. tutes relative to the proper and o gocept the obligation of my posi flect a change in the registered o in writing of this change.	
By: Oa M HA	tem	08/20/2012	
Signature of Registered	Agent	Date	
If signing on behalf of an entit James M. H	lalpin 💮 💮		
Assistant Sec Typid or Printed Nam	retary		
	* * * FILING FI	e <b>k</b> : \$35.00 * * *	

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314