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` (Re	equestor's Name)	
(Ac	łdress)	
————(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	
	AX.	
•	Office Use Only	



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	ACCOUNT NO.	: 072100000032	0.			
	REFERENCE	: 891288 7490297 P. C.				
	AUTHORIZATION	Spellete man 3	18 S			
	COST LIMIT	: \$ 25.00	SEA 3			
ORDER DATE :	May 11, 2007	·.	FLORIDE STATE			
ORDER TIME :	9:33 AM		*			
ORDER NO. :	894288-250					
CUSTOMER NO:	7490297					
CHANGE OF AGENT						
NAME: CREEKSTONE NORTH LAGOON, LLC						
	THE FOLLOWING AS	PROOF OF FILING:				

EXAMINER:

CONTACT PERSON: Amanda Roath -- EXT# 2955

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. The name of the limite	ed liability company	is: CREEKSTO	NE NORTH LAGOO	ON, LLC
2. The mailing address o	f the limited liability	y company is : _	_	·
4545 Post Oak Place, Suite 20	00, Houston, TX 77027			
August 31, 2004			و L0400005467	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the register Florida Department of		egistered office	address as shown	on the records of the
		J. Robert Hughes		_
		Name		
	2	20 McKenzie Avenu	1e	· 700 01
	Day	Address nama City, FL 324	02	Fig. L. T.
		ity, State and Zi		一覧ら
6. The name and address		• •	•	SSE TO
	Corpor	ation Service Com	pany	
		Name		10 5 5 TS
		201 Hays Street		高品
	Florida street add	ress (P.O. Box 1	NOT acceptable)	v
	Tallahassee	FL	32301	
	City	y, State and Zip		
If the limited liability con confirmed that after the cl and the business office of liability company, it is he of the members of the lin or the operating agreemen	hange or changes are the registered agent reby confirmed that nited liability compart of the liability diab	e made, the Float will be identice the change(s) wany or as otherwillity company.	rida street address al. Or, in the case vas/were authorize	of the registered office of a Florida limited ed by an affirmative vote
(Signature of a member or author	ized representative of a me	ember)		
Maureen Cullen, Attorney In 1				
(Printed or typed name of signee)				
I hereby accept the appoint the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	PID	M M D	ee to act in this ca er and complete p tion as registered i ly reflect a change ias been notified in	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.

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