## L0500058657

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 6157 MP E 42 Real Estate, L (Name of Lin	LC nited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Sol S. Reifer		
(Name of Person)		
Hance Scarborough Wright Ginsberg & (Firm/Company)	Brusilow	
14755 Preston Road, Suite 600		
(Address)	MA - 19, 5, 12	
Dallas, Texas 75254		
(City/State and Zip Code)		
For further information concerning this matter,	, please call:	
Connie P. Lust	at (972 ) 788-1600	
(Name of Person)	(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 following	amount:	
□ \$25 Filing Fee		

## 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.

<ol> <li>The name of the limited liability company is: 6157 MP E 42 Real Estate, LLC</li> <li>The mailing address of the limited liability company is: 6401 Riverside Drive, Plano, TX 75024</li> </ol>
2. The mailing address of the limited liability company is: 6401 Riverside Drive, Plano, 1X 75024
June 14, 2005 L05000058657
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Corporation Service Company
Name
1201 Hays Street
Address
Tallahassee, Florida 32301  City, State and Zip
Sity, state and 2.1p
6. The name and address of the new registered agent and/or office:
Javier Alvarado
Name SEE H
1837 Winn Arthur Drive
Name  1837 Winn Arthur Drive  Florida street address (P.O. Box NOT acceptable)  Volvios  Volvios  1837 Winn Arthur Drive  Florida street address (P.O. Box NOT acceptable)
Valrico, FL 33594
City, State and Zip
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 voof 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.
(Signature of a member or authorized representative of a member)
Dr. Jose Miguel Rivera (Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my dutient and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change
Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18 (8/05)