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Account Name : SHUFFIELD LOWMAN

Account Number : 120030000118

OFax member

: (407)581-9800

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L. SELLERS

JUL 102008

EXAMINER

REGISTERED AGENT CHANGE

FCREG-CONROE, LLC

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Jul. 9. 2008 10:40AM

Shuffield Lawman

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(((H08000167805 3)))

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

Pursuant to the provisions of sections 608.416 or liability company submits the following statement agent, or boln, in the State of Florida.	r 608.508, Florida Statutes, the undersigned limited in order to change its registered office or registered
1. The name of the limited liability company is: \underline{F}	CREG-CONROE, LLC
2. The mailing address of the limited liability comp	pany is : 300 International Parkway, Suite 300
Heathrow, FL 3274B	,
06/08/2006	L06000061356
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register. Florida Department of State:	ed office address as shown on the records of the
REBECCA H. FORES	, · · · · · · · · · · · · · · · · · · ·
	ane
1000 LEGION PLACE,	Idress
ORLANDO, FL 32801	
City, St	ate and Zip
6. The name and address of the new registered ager	it and/or office:
WILLIAM R. LOWMAN	
Na 1000 LEGION PLACE, S	
والمراقب وال	O. Box NOT acceptable)
ORLANDO T	թլ. 32801
City, Stat	
If the limited liability company is not organized und confirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is bereby confirmed that the chof the members of the limited liability company or or the operating agreement of the limited liability of (Signature of a member) authorized representative of a member)	icr the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited lange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ampany.
William R. Lowman, Jr.	
(Printed or typed name of signes)	. In the state of
I hereby accept the appointment as registered ager comply with the provisions of all statutes relative to and I am familiar wife and accept the obligations of Chapter 1908, I.d. Or lift this document is being file address. I hereby for ir in that the limited hability examples the confirmation of the confi	I and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in the registered office of the change in the registered office ompany has been notified in writing of this change.
(Signature of Registered Agent)	
	Box 6327, Tallahassee, FL 32314 (EE: \$25.00
INHS18 (8/05)	デター