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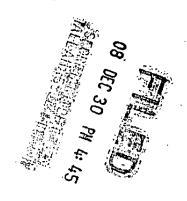
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S. HAWKES

JAN 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Carter Enterprises XIII (Name	, LLC of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Paul A. or Peggy F. Carter (Name of Person)	
Carter Enterprises / LLC (Firm/Company)	
7967 County Highway 280 East	
(Address)	
De Funiak Springs, Fl 32435	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Paul A. or Peggy F Carter	at (850) 892-2227
(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	ing amount:
	☐ \$55 Filing Fee & Certified Copy

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: Carter E	nterprises XIII , LLC		•
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: 7967 County Highway 280 Ea	st	
(Wite. MUSI DE STATIET TIDENESS)	De Funiak Springs, FI 32435		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7967 County Highway 280 Ea	st	1
(Note: MAT DE TOST OFFICE BOX	De Funiak Springs, Fl 32435	8	
4 2 09	L08000033442	8 8 9	
4-2-08 3. Date of filing/registration in Florida	4. Document number	30	
5. (a) Registered Agent and Registered Office showr	on the records of the Florida Dep	t. of State ≟	
Registered Agent:	John Marshall	£ .	
Registered Office Address:	2000 98 Palms Blvd. Suite A Destin, Fl 32541	\$ 5	ļ
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Paul A. or Peggy F. Carter 7967 County Highway 280 Eas	. , , ,	
	De Funiak Springs	,FL <u>32435</u>	
If the limited liability company is not organized under that after the change or changes are made, the Florida office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articlimited liability company. (Signature of a member or authorized representative of a member)	street address of the registered offi the case of a Florida limited liabilit zed by an affirmative vote of the m	ce and the business by company, it is dembers of the limit	3
Peggy F. Carter (Printed or typed name of signee)			
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the am lamiliar with and accept the obligations of my post F.S. Or, if this document is being filed to merely reflection that the limited liability company has been no (Signature of Registered Regist)	ind agree to act in this capacity. I te proper and complete performan ition as registered agent as provid ct a change in the registered office tified in writing of this change.	further agree to se of my duties, and ed for in Chapter 6 address, I hereby	1 I 08,

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