L08000033443

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TILED

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Carter Enterprises XVI (Name	/III, LLC ne of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
	2000 DEC 30 PM 3: 07 SECRETARY OF STATE TALLAHASSEE, FLORID	_
	Leg la T	1
Paul A. or Peggy F. Carter		-
(Name of Person)	A Section 1	-
	E CONTRACTOR OF THE CONTRACTOR	
Carter Enterprises XVIII, LLC	To w	
(Firm/Company)	\$ 美。	
	in the second se	
7967 County Highway 280 East		
(Address)	7-4	
De Funiak Springs, FI 32435		
(City/State and Zip Code)	 _	
For further information concerning this mat	atter, please call:	•
Paul A. or Peggy F Carter	at (850) 892-2227	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Tananassee, 1 londa 32301		
Enclosed is a check for the followi	ving amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

4 / 4

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. INA	me of the limited liability company: Carter Enter	prises XVIII, LLC
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 7967 County Highway 280 East
		De Funiak Springs, FI 32435
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7967 County Highway 280 East
	(INVIET, MAT BET OUT OF THE BOX)	De Funiak Springs. Fl 32435
4-1-08		L08000033443
3. Da	te of filing/registration in Florida	4. Document number
5. (a	Registered Agent and Registered Office shown on	· · · · · · · · · · · · · · · · · · ·
	Registered Agent:	John Marshall 2000 98 Palms Blvd, Suite A
	Registered Office Address:	Destin, Fl 32541
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
	NIESSI Desistand Asset.	B E A
	NEW Registered Agent:	Peggy F. Carter
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7967 County Highway 280 East
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7967 County Highway 280 East De Funiak Springs ,FL 32435
that a office hereb liabili limite	NEW Registered Office Address:	7967 County Highway 280 East De Funiak Springs aws of the State of Florida, it is hereby confirmed taddress of the registered office and the business ase of a Florida limited liability company, it is an affirmative vote of the members of the limited
that a office hereb liabili imite	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) limited liability company is not organized under the fler the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the cy confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	7967 County Highway 280 East De Funiak Springs aws of the State of Florida, it is hereby confirmed taddress of the registered office and the business ase of a Florida limited liability company, it is an affirmative vote of the members of the limited
that a office hereb liabili imite (Signation Peggy) (Printer)	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) limited liability company is not organized under the fler the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the cy confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	De Funiak Springs

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