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Office Use Only



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J. BRYAN

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EXAMINER

ÇOVER LETTER

Division of Corporations	
SUBJECT: Carter Enterprises XV	, LLC
(Nam	e 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 concernir	ng this matter to the following:
Paul A. or Peggy F. Carter	
(Name of Person)	
Carter Enterprises XV, LLC (Firm/Company)	· · · · · · · · · · · · · · · · · · ·
7967 County Highway 280 East	
(Address)	
De Funiak Springs, FI 32435	
(City/State and Zip Code)	
For further information concerning this ma	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 Division of Corporations	Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ing amount:
✓ \$25 Filing Fee	\$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 Ent	erprises XV, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 7967 County Highway 280 East
	De Funiak Springs, Fl 32435
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7967 County Highway 280 East
	De Funiak Springs. Fl 32435
4-2-08	L08000033450
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	John Marshall
Registered Office Address:	2000 98 Palms Blvd. Suite A Destin, FI 32541
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: Peggy F. Carter
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7967 County Highway 280 East De Funiak Springs,FL 32435
If the limited liability company is not organized under the that after the change or changes are made, the Florida str 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 articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the business
Peggy F. Carter (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the partiamiliar with and accept the obligations of my position. S. Or, if this document is being filed to merely reflect donfirm that the limited liability company has been notified.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby led in writing of this change.
(Signature of Registered Agent)	

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