L0800.0033804

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON FEB 1 9 2009

EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations				
SUBJECT: Carter Enterprises XVII, LLC (Name of Limited 2)	Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Paul A. or Peggy F. Carter (Name of Person)				
Carter Enterprises XVII, LLC (Firm/Company)	 .			
7967 County Highway 280 East				
(Address)				
De Funiak Springs, Fl 32435				
(City/State and Zip Code)				
For further information concerning this matter, please c	all:			
Paul A. or Peggy F Carter at (850) 892-2227			
(Name of Person) (Are	a Code & Daytime Telephone Number)			
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314			
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee □	\$55 Filing Fee & Certified Copy			



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 FEB 18 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 31, 2008

PAUL A OR PEGGY F CARTER 7967 COUNTY HWY 280 EAST DE FUNIAK SPRINGS, FL 32435

SUBJECT: CARTER ENTERPRISES XVII, LLC

Ref. Number: L08000033804

We have received your document for CARTER ENTERPRISES XVII, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You can only have 1 person. Please remove either Paul A Carter or Peggy F Carter.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 808A00062116

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. Naı	me of the limited liability company: Carter Enter	prises XVII, LLC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 7967 County Highway 280 East	
	,	De Funiak Springs, Fl 32435	T
(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		L08000033804	
3. Dat	te of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
	Registered Agent:	John Marshall	o ₽
	Registered Office Address: Remove	2000 98 Palms Blvd. Suite A Destin, Fl 32541	SECRETANSION OF
(b)	Enter name of NEW Registered Agent and/or NEV	V Registered Office address:	EO STAFE OF STAFE RPORATIONS RPORATIONS
	NEW Registered Agent:	Post or Peggy F, Carter	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7967 County Highway 280 East	
		De Funiak Springs,FL 32435	
that af office hereby habilit limited (Signatus Peggy (Printed	limited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of a liability company. F. Carter or typed name of signee) by accept the appointment as registered agent and as y with the provisions of all statutes relative to the provision with and accept the obligations of my position or, if this document is being filed to merely reflect a company has been notified.	address of the registered office and the base of a Florida limited liability company, an affirmative vote of the members of the organization or the operating agreement	ousiness, it is he limited of the
te	or, if this document is being filed to merely reflect a com that the limited hability company has been notified are of Registered Agent)	nunge in the registered office adaress, 11 in writing of this change.	чегеву

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