L08000033830

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Codified Conice Codificator of Statum			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	٦		
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Office Use Only



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C. LEWIS

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Carter Enterprises XVI, L (Name of	_LC f Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Paul A. or Peggy F. Carter	
(Name of Person)	
Carter Enterprises XVI, 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	r, 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	g 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. Na	me of the limited liability company: Carter Enter	rprises XVI, LLC			
2. (a)	Principal office address of limited liability company: 7967 County Highway 280 East (Note: MUST BE STREET ADDRESS)				
		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, FI 32435			
4-2-08		L08000033830			
3. Da	te of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
	Registered Agent:	John Marshall			
	Registered Office Address:	2000 98 Palms Blvd. Suite A D D Destin, Fl 32541			
(h)	Estan name of NIESS/ Designand Agent and/on NIES	W Positioned Office address			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>				
	NEW Registered Agent:	Peggy F. Carter			
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7967 County Highway 280 East			
		De Funiak Springs,FL_32435			
that a office hereb habbii	limited liability company is not organized under the lifter the change or changes are made, the Florida stree 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 liability company. The of a member of authorized representative of a member)	t address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited			
	F. Carter d or typed name of signee)	_			
I here compo am Sa F.S. confir	by accept the appointment as registered agent and a ly with the provisions of all statutes relative to 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 commany has been notified to the limited liability company has been notified the limited liability company has been notified the limited liability company has been notified the limited liability to the limited liability company has been notified to the limited liability company has been notified to the limited liability company has been notified to the province of the liability company has been notified to the limited liability company has been notified to the liability liab				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00					
	FILING FEE	: \$25.00			
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