L09000084337

Office Use Only



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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations			
SUBJECT: Pryor & Pryor-Carter Properties, LLC.			
Name 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	this matter to the following:		
JOANNE CARTER			
Name of Person			
Firm/Company	——————————————————————————————————————		
4212 Harvest HIII Road	17 APR 24		
Address	7		
Carrollton, Texas 75010	26		
City/State and Zip Code			
DRJPCARTER@AOL.COM			
E-mail address: (to be used for future a	annual report notification)		
For further information concerning this matt	ter, please call:		
MARK TIPPINS, Attorney	at (334) 821-3670		
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 32314		
Tallahassee, Florida 32301	,		
Enclosed is a check for the following	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 605.0114 or 605.0116, 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, 'N	ame of the limited liability company: Pryor & Pry	or- Carter	Properties, LLC.
2. (a)		_ (b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4212 Harvest Hill Rd.		same
	Carrolllton, Texas 75010		
	8-31-2009		L09000084337
 (a) 	Date of filing/registration in Florida しいと Bessie 流. Pryor	4.	Document number
J. (a,	Registered Agent and Registered Office shown on the records of the	he Florida Dept. o	f State:
	8216 Hollyridge Rd.		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	Jacksonville, Florida 32256	.*	T PE
(•	, FL		APR 24
(b)	DENNIS V. HILL		
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	
	1779 Providence Hollow Rd.		STATE LOBIDA
	NEW Registered Office Address:		
	Jacksonville, Florida 32223		 -
	, FL_		
the cha agent v was/wa	imited liability company is not organized under the laws ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable.	the registered of bility company the limited lia imited liability	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	JUMINE	Printed or typed name of signee
provisi he obl o mer	by accept the appointment as registered agent and agreions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change	e to act in this verformance of for in Chapter vereby confirm i	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Signatu	re of Registered Agent		