-11000064184

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	<u> </u>
(Ci	ty/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bı	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lvr



10/31/11--01013--006 **25.00

FILED IN OCT 31 PH 2: 54 ECRETARY OF STATE

D. BRUCE NOV 0 1 2011 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CHARTMASTER LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

at (

Please return all correspondence concerning this matter to the following:

Myra Homer

Name of Person

Capitol Services Registered Agent Department

Firm/Company

800 Brazos, Suite 400

Address

Austin, Texas 78701

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myra Homer

Name of Person

800) 345-4647

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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

FILED

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: CHARTMASTER LLC

2. (a) Principal office address of limited liability comp	pany: 4400 Northcorp Pkwy	
(Note: MUST BE STREET ADDRESS)	Palm Beach Gardens, FL 33410	-
(b) Mailing address of limited liability company:	4400 Northcorp Pkwy	-
(Note: MAY BE POST OFFICE BOX)	Palm Beach Gardens, FL 33410	-
6/1/2011 3. Date of filing/registration in Florida	L11000064186 4. Document number	-
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of States Spiegel & Utrera, P.A.	
Registered Agent: Registered Office Address:	1840 SW 22nd St., 4th Floor	
	Miami, FL 33445	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>New Registered Agent</u>		D
NEW Registered Agent:	Capitol Corporate Services, Ing. 2	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive, Suite A Tallahassee , FL 32301	
If the limited liability company is not organized under t	he laws of the State of Florida, it is hereby	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the energy agreement of the limited liability company.

Signature of a member or authorized representative of a member

ALLEN F. CAMPBELL Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 508, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent behalf of Capitol Corporate Service

behalf of Capitol Corporate Services, Inc.

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

INHS18 (05/08)