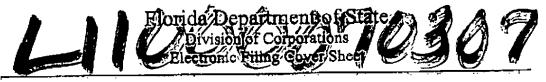
8/26/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000256692 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : URS AGENTS LLC

Account Number : 120150000127 : (800)567-4397

Phone : (800)567-4398

Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

tony.murr@luckettinc.com Email Address:_

> REGISTERED AGENT CHANGE EVANS CREEK LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EVANS CREEK LLC	
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing
Please return all correspondence concerning this ma	tter to the following:
Tony Murr	
Name of Person	
EVANS CREEK LLC	
Firm/Company	
2000 WARRINGTON WAY, STE. 1	63
Address	·
LOUISVILLE, KY 40222	
City/State and Zip Code	 _
tony.mum@luckettinc.com	
E-mail address: (to be used for future annual r	epart notification)
For further information concerning this matter, plea-	se cail;
Kethy Clark	800 277-8977
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, Plorida 32301	
Enclosed is a check for the following amo	ouat:
2 \$25 Filing Pea	C. \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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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 affice or registered agent, or both, in the State of Florida.

		(1:)				
	Principal office address of limited liability company:		,	Mailing address of that	dildeil ter	OCUT AND	
	(Natu MUST BE STREET ADDRESS)			(Note: MAT BE PO	ST OFFICE	<u> </u>	
	2000 WARRINGTON WAY, SUITE 163	_ ~	2000 W	ARRINGTON 'A	'AY, SUI	TE 16	3
	LOUISVILLE, KY 40222	 ,	LOUISVILLE, KY 40222				
	06/15/2011			L1100007030	7		
	Date of filing/registration in Florida	d.		Document number			-
(-)					ı		
(B)	Registered Agent and Registered Office shown on the records of	Francisco VIII de	D	-			
	FALK, JACK AJR	it nin Lightal	ocpr a: 3th	ıc:			
	Registered Office Address (MUST BE PLORIDA STREET	ADDRESS	2	-			
	550 BILTMORE WAY, STE. 810						
	CORAL GABLES	L 33134		-			
	, p	L 33 134		-			
/L. \					,_	Ø	
(b)	Enter name of NEW Registered Agent and/or NEW Registers	d Office and	-	_	1	;	
	THE THE PARTY OF T		<u> </u>		,+	AUG	
	URS AGENTS, LLC				٠.	26	
	NEW Registered Office Address:			_	·' -		
	3458 LAKESHORE DRIVE				,	3	
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	TALLAHASSEE	32312			حدر	Œ١	
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	P. P.	L				_	r
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