M01000000670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
13 JAN 29 PM 3:56

JAN 30 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crescent Resources, 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:

Tammy Byrnes
Name of Person

Crescent Resources, LLC
Firm/Company

227 W. Trade Street Suite 1000
Address

Charlotte NC 28202
City/State and Zip Code

tsbyrnes@crescent-resources.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Byrnes at (980) 321-6055
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 amount:

☐ $25 Filing Fee

☐ $55 Filing Fee & Certified Copy

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 JAN 29 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 16, 2013

TAMMY BYRNES
CRESCENT RESOURCES LLC
227 W TRADE ST - STE 1000
CHARLOTTE, NC 28205

SUBJECT: CRESCENT RESOURCES, LLC
Ref. Number: M01000000670

We have received your document for CRESCENT RESOURCES, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 113A00001261

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: Crescent Resources, LLC

2. (a) Principal office address of limited liability company: 227 W. Trade Street Suite 1000 Charlotte, NC 28202
(*Note: MUST BE STREET ADDRESS*)

(b) Mailing address of limited liability company: 227 W. Trade Street Suite 1000 Charlotte, NC 28202
(*Note: MAY BE POST OFFICE BOX*)

March 26, 2001
3. Date of filing/registration in Florida

M01000000610
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Robert Whitney Duncan

Registered Office Address: 20 North Orange Avenue Suite 605 Orlando, Florida 32801

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: CT Corporation System

NEW Registered Office Address: 1200 South Pine Island Road Plantation, FL 33324
(*MUST BE FLORIDA STREET ADDRESS*)

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 operating agreement of the limited liability company.

1.24.13
Signature of a member or authorized representative of a member

Kevin H. Lambert, Senior VP
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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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.

Ternell Kearney Asst. Secretary
Signature of Registered Agent

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

INHS18 (05/08)