

MD1 0000001441

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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.

(((H10000057377 3)))



H100000573773ABC/

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 12 PM 2:02

FILED

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

Email Address: _____

RECEIVED

10 MAR 12 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
HOSPITAL HOUSEKEEPING SYSTEMS GP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOSPITAL HOUSEKEEPING SYSTEMS GP, 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:

Jenna Wedgewood
Name of Person

HOSPITAL HOUSEKEEPING SYSTEMS GP, LLC
Firm/Company

322 Congress Avenue
Address

Austin, TX 78701
City/State and Zip Code

jennad@hhs1.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenna Wedgewood at (512) 478-1888
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

IN14818 (5/08)

FILED

10 MAR 12 PM 2:02

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANYSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: HOSPITAL HOUSEKEEPING SYSTEMS GP, LLC2. (a) Principal office address of limited liability company: 322 CONGRESS(Note: MUST BE STREET ADDRESS)AUSTIN TX 78701

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)06/26/2001M01000001461

3. Date 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:

FLOYD, BOB

Registered Office Address:

9550 125TH STREET NORTH
SEMINOLE FL 33772 US(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:NEW Registered Agent:CT Corporation SystemNEW Registered Office Address:1200 South Pine Island Road(MUST BE FLORIDA STREET ADDRESS)Plantation, FL 33324

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.

[Signature]
Signature of a member or authorized representative of a member

Roy Thornton
Printed or typed name of signer

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.

By:

CT Corporation System
Signature of Registered Agent

Stephanie Allison
Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

(NHS18 (05/18)

FL-915 - 11/01/2004 C.T. Systems Dallas