## M0300000012

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT . MAIL	
(Business Entity Name)	
(Document Number)	
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DEC 1 8 2011

**EXAMINER** 



700214620267

10 KCKKOWLEDGE SUFFICIENCY OF FILING HINTER STOUGHTS OF THE CONSTRUCTION OF THE CON

DIVISION OF COMPORATION



ACCOUNT NO. : I2000000195

REFERENCE : 022985

7549554

AUTHORIZATION :

COST LIMIT :

ORDER DATE: December 12, 2011

ORDER TIME : 2:03 PM

ORDER NO. : 022985-045

CUSTOMER NO: 7549554

## CHANGE OF AGENT

NAME: QUICK PROCESSING, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 company submits the following statement in order to chain the State of Florida.	inge its registered office or registered agent, or both
1. Name of the limited liability company: <u>QUICK PRO</u>	CESSING, LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 100 Throckmorton St., Suite 1800 Fortworth, TX 76102
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
12/03/2003	M03000004012
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:	CT Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address:  Corporation Service Company
NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	Corporation Service Company 1201 Hays Street
	Tallahassee ,FL 32301
f the limited liability company is not organized under the hat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the dereby confirmed that the change(s) was/were authorized iability company or as otherwise provided in the articles of imited liability company.  Signature of a member or authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company it is
Maureen Cathell, Authorized Person Printed or typed name of signee)	_
l hereby accept the appointment as registered agent and a omply with the provisions of all statutes relative to the proming familiar with and accept the obligations of my position s.S. Or, if this document is being filed to merely reflect a onfirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.
Signature of Registered Agent) Sylvia Queppet, Asst. VP	

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