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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	•
	E MANAGEMENT, LLC mited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Myra Homer (Name of Person)	
Capitol Corporate Services, Inc (Firm/Company)	· ·
800 Brazos, Suite 400 (Address)	
Austin, Texas 78701 (City/State and Zip Code)	
For further information concerning this matter	, please call:
Myra Homer (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	S55 Filing Fee & Certified Copy
INH\$18 (8/05)	-
	Return acknowledgment to: MYW

Capitol Corporate Services, Inc. P.O. Box 1831 Austin, TX 78767 800/345-4647

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. The name of the limited liabilit	ty company is: <u>G/</u>	ARDEN RIDGE	MANAGEMENT, LLC	
2. The mailing address of the limit	ited liability company	/ is :		
19411 Atrium Place, Ste. 170, Ho	ouston, TX 77084			
4/30/2007		M07000002	516	
3. Date of filing/registration in Fl	orida	4. Document	number	
5. The name of the registered agen Florida Department of State:	it and the registered o	office address as sho	wn on the records of the	
Corpon	ation Service Compa	ny		
Name				
1201 Hays Street				
Address				
Tallahassee, FL 32301 City, State and Zip				
• •				
6. The name and address of the ne	w registered agent an	d/or office:		
Capitol Corporate Services, Inc.				
455.00	Name			
155 Office Plaza Drive, Suite A				
Florida street address (P.O. Box NOT acceptable)				
<u>Tallaha</u>	ssee FL		32301	
	City, State and	d Zip		
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. (Signaple of a member of anthorized representative of a member)				
Crinted or typed name of signee)	J			
I hereby accept the appointment a comply with the provisions of all signal I am familiar with and accept Chapter 608, F.S. Or, if this documents, I hereby confirm that the confirmation is the confirmation of	s registered agent an latuies relative to the the obligations of my ment is being filed to limited liability comp	d agree to act in thi proper and comple position as register merely reflect a cha any has been notifie	s capacity. I further agree to te performance of my duties, ed agent as provided for in mge in the registered office ed in writing of this change.	
(Signature of Registered Agent) Delanie Cass	e. Asst. Secretary on Beha	of Capital Comorate Se	arvices, Inc.	
		···		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 DEC 21 AM IO: 3