M0700004439

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Docu	iment Number)	
•	•	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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05/10/13--01016--011 **25.00

2019 MAY LO PH 1: 23
SECKETARY OF STATE
ALLAHASSEE FLORINA

MAY 13 2013 D. BRUCE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: May 8, 2013

Order#: 638070-004

Re: GILCREASE & PARTNERS, L.L.C.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

2018 MAY TO PH 1: 23
CHORETARY OF STATE
FALLAHASSEE FLORID.

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: _	GILCREASE & PARTNERS, L.L.C.
2. (a) Principal office address of limited lia (<i>Note: MUST BE STREET ADDR</i>	bility company: 6338 N. New Braunfels Ave., 163 ESS) San Antonio, TX 78209
(b) Mailing address of limited liability of (Note: MAY BE POST OFFICE B	
07/23/2007	M07000004439
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Of	fice shown on the records of the Florida Dept. of State:
Registered Agent:	CT Corporation
Registered Office Address:	1200 South Pine Island Rd. Plantation, FL 33324
(b) Enter name of NEW Registered Age	ent and/or NEW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
(MUSI BE FLURIDA SIREEI AL	Tallahassee ,FL 32301
that after the change or changes are made, the office of the registered agent will be identical nereby confirmed that the change(s) was/we liability company or as otherwise provided it imited liability company.	zed under the laws of the State of Florida, it is hereby confirmed e Florida street address of the registered office and the business il. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the
Signature of a member or authorized representative of a m	ember)
Dona Priebe, Authorized Person (Printed or typed name of signee)	
SV: The white Clarker	ed agent and agree to act in this capacity. I further agree to ative to the proper and complete performance of my duties, and I of my position as registered agent as provided for in Chapter 608, well reflect a change in the registered office address, I hereby as been notified in writing of this change.
(Signature of Registered Agent) Elizabeth A. Dawson, Asst. Vice Presi	dent ons, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)