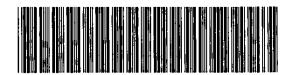


(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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07/22/13--01021--006 **25.00







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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327-097

Re: FL HUD DESTIN, LLC

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: Evelyn Wright

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

18 JUL 22 AM 8: 4:

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: FL HUD DE	STIN, LLC		
2. (a) Principal office address of limited liability com	any: 138 Sandestin Lane		
(Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Miramar Beach, FL 32550		
	2 North Palafox Street	3 E	
	Pensacola, FL 32502	1> **	
		N 19	
		<u> </u>	
06/09/2008	M08000002709	基 []	
3. Date of filing/registration in Florida	4. Document number	8:	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State:	
Registered Agent:	Capitol Corporate Service	Capitol Corporate Services, Inc.	
Registered Office Address:	155 Office Plaza Dr., Suite A		
Registered Office Address.	Tallahassee, FL 32301		
NEW Registered Agent:	Corporation Service Com	Corporation Service Company	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		
(MODI DE LEGRIDA STREET ADDRESS)	Tallahassee	Tallahassee ,FL 32301	
	(4)(4)(4)(4)	,ı <u>D-2200</u> ;	
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	an Elamida atmost address afth	a magistared office	
Dona Priebe, Authorized Person			
Printed or typed name of signee			
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com Corporation Scryice Company By: Lante Address	nd agree to act in this capact e proper and complete perfoi y position as registered agen o merely reflect a change in t pany has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.	
Signature of Registered Agent			

FILING FEE: \$25.00

Elizabeth A. Dawson, Asst. Vice President

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