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G. HARVEY

AUG 30 2010

EXAMINER



Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767 Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 8/25/2010 FLORIDA

REP UNIT:

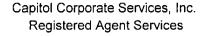
FL HUD ROSEWOOD, LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #19680 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767 20 W AUG 27 PM 2: 32
SECRETARY OF STATE

Smith Brand Conf.





COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: FL HUD ROSEWOOD, L Name of Limit	LC red Liability Company	_	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Myra Homer Name of Person			
Capitol Services Registered Agent	: Department	2010 AUG 27 SECRETAR TALLAHASS	E-1-2
800 Brazos, Suite 400		Lad	House, ;
Address Austin, Texas 78701 City/State and Zip Code		PH 2: 32 OF STATE E. FLORIDA	
E-mail address: (to be used for future annual report notifica	ation)		
For further information concerning this matter, p	lease call:		
Myra Homer at (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 an	nount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

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	ROSEWOOD, LLC			
2. (a) Principal office address of limited liability comp	0407 N. II II O. I		<u>-2</u>	
(<u>Note: MUST BE STREET ADDRESS</u>)	Pensacola, FL 32501	7 SS 5		
	<u> </u>	<u> </u>	-	
(b) Mailing address of limited liability company:	2 North Palafox Street	629	7	
(Note: MAY BE POST OFFICE BOX)	Pensacola, FL 32502	mo mo		
6/0/2009	M0000000712	FLOKI	٠	
6/9/2008 3. Date of filing/registration in Florida	M0800002713 4. Document number	C)M	누	
•		>		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of	of State:		
Registered Agent:	National Corporate Research, Ltd., Inc.			
Registered Office Address:	515 East Park Avenue			
	Tallahassee FL	32301		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u>	NEW Registered Office address:			
NEW Registered Agent:	Capitol Corporate Service	es, Inc.		
NEW Registered Office Address:	155 Office Plaza Drive, Suite A			
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee , FI	L <u>32301</u>		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be included its liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company.	the Florida street address of the registration in the case of a Florida re(s) was/were authorized by an affir	ered office limited mative vote		
Signature of a member or authorized representative of a member				
Enc Roth Printed or typed name of signce				
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I fur proper and complete performance c position as registered agent as prov merely reflect a change in the regist pany has been notified in writing of the	ther agree to If my duties, ided for in ered office his change.		
Signature of Registered Agent Delanie Case, Asst. Se	ecretary on			

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