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TALL AHASSEFF, FLORIO

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

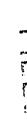
REP UNIT:

FL HUD SILVERCREST, 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 #19681 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 MD AUG 27 PM 2: 32 SECRETARY OF STATE





## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: FL HUD SILVERCREST, LLC  Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Myra Homer	Sec.	
Name of Person  Capitol Services Registered Agent Department	2010 AUG 27 SECRETARY TALLAHASSEI	***
800 Brazos, Suite 400 Address	PH 2: 32 OF STATE EE. FLORIDA	,
Austin, Texas 78701  City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Myra Homer at ( 800 ) 345-4647  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  RATE Code & Dayline Telephone Number Rate Code & Day		
Enclosed is a check for the following amount:		
\$25 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	SILVERCREST, LLC		<u>~3</u>
2. (a) Principal office address of limited liability comp		11.08	25
	Crestview, FL 32539	至所	<u>SU</u>
(Note: MUST BE STREET ADDRESS)		SS	27
(b) Mailing address of limited liability company:	2 North Palafox Street	EF OF	7
(Note: MAY BE POST OFFICE BOX)	Pensacola, FL 32502	LOR!	?
		<u> </u>	<u>ယ</u> —လ
6/9/2008	M08000002714		
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:	National Corporate Research,	Ltd., Inc	<u> </u>
Registered Office Address:	515 East Park Avenue		
	Tallahassee FL	32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>			
NEW Registered Agent:	Capitol Corporate Services, Inc.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive, Suite A		
(MUSI BE FLORIDA STREET ADDRESS)	Tallahassee , FL	32301	_
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 idliability 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.	e Florida street address of the register lentical. Or, in the case of a Florida li e(s) was/were authorized by an affirm therwise provided in the articles of org	ed office mited ative vote	
Signature of a member or authorized representative of a member	·· <del>···</del>		
Enic Roth			
Printed or typed name of signee  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  Delanie Case, Asst. So Signature of Registered Agent hehalf of Capital Corner.	ecretary on	er agree to my duties, ded for in red office is chänge.	,
Signature of Registered Agent behalf of Capitol Corpo	orate Services, Inc.		

behalf of Capitol Corporate Services, Inc.

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

FILING FEE: \$25.00