M08000002714

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
, , , ,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to 1 imig officer.			
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Office Use Only



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SECRETARY OF STATE LLAHASSEE, FLORIDA

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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#: 714327-105

Re: FL HUD SILVERCREST, 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

2013 JUL 23 PM 2: 3 SECRETARY OF STATE

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. Na	ame of the limited liability company: FL HUD SILVI	ERCREST, LLC
2. (a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 103 Ruby Lane Crestview, FL 32539
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2 North Palafox Street Pensacola, FL 32502
06/09	/2008	M08000002714
3. Da	ate of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	
	Registered Agent:	Capitol Corporate Services, Inc.
	Registered Office Address:	155 Office Plaza Dr., Suite A Tallahassee, FL 32301
(b)) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	Sim -
	NEW Registered Agent:	Corporation Service Company
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
		Tallahassee ,FL 32301
confinand the liabilithe m	limited liability company is not organized under the rmed that after the change or changes are made, the ne business office of the registered agent will be ide ity company, it is hereby confirmed that the change embers of the limited liability company or as other perating agreement of the limited liability company.	Florida street address of the registered office ontical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
Signatu	we of a member of authorized representative of a member	
Dona	Priebe, Authorized Person	

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

INHS18 (05/08)