M08000003941

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
•						
(Document Number)						
Certified Copies Certificates of Status						
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07/22/13--01025--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#: 714327-162

Re: HUD FACILITIES, 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

13 JUL 22 AN IO: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIO

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.	Nar	me of the limited liability company: HUD FACILITIES	, LLC			
2	(a)	incipal office address of limited liability company:	2 North Palafox Street			
۷.	(4)	(Note: MUST BE STREET ADDRESS)	Pensacola, FL 32502			
	(b)	Mailing address of limited liability company:	2 North Palafox Street			
	` '	(Note: MAY BE POST OFFICE BOX)	Pensacola, FL 32502			
08	3/26/2	2008	M08000003941			
3.	Dat	te of filing/registration in Florida	Document number			
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		Registered Agent:	Capitol Corporate Services,	, Inc.		
		Registered Office Address:	155 Office Plaza Dr., Suite	<u>R</u> SE	ದ.	de al Cita
			Tallahassee, FL 32301	<u>>xi</u> ±m		Canada Ca
				SS	22	A CHARA
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>		 ,	A	1
		NEW Registered Agent:	Corporation Service Compa		<u>ුත</u> යා	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	Ömi ≽	ঞ	
		(MOST BE TECKION OTREET TECKES)	Tallahassee	,]	FL <u>32</u> :	301
co an lia the	nfind the abilities of the control o	imited liability company is not organized under the lamed that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the p cal. Or, in the case of a Fl was/were authorized by ar	regist lorida 1 affir	ered o limite mativ	office ed e vote of
		Priebe, Authorized Person or typed name of signee	-			
Si	y. enatu	by accept the appointment as registered agent and agent with the provisions of all statutes relative to the progent familiar with and accept the obligations of my poster 608, F.S. Or, if this document is being filed to mer ss, I hereby confirm that the limited liability company of the compa	gree to act in this capacity, per and complete perform ition as registered agent a ely reflect a change in the has been notified in writin	. I funce as pro regis ng of	rther of my vided tered this c	agree to duties, for in office hange.
Ŀ	ılıza	beth A. Dawson, Asst. Vice President.				

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

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