M08000004512

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D. BRUCE

OCT 18 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: HP DEVELOPMENT CO	MPANY LLC ed Liability Company	_		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	c 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			
800 Brazos, Suite 400				
Address		3	70	
Austin, Texas 78701 City/State and Zip Code	<u></u>	LAHAS	0001	Special de Maria
mhomer@capitolservices.coi	m Kon	Y OF STAT	5 PH	
For further information concerning this matter, pl		ORIDA	2:57	D
Myra Homerat (800) 345-4647			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following am	ount:			
X \$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: HP DEVI	ELOPMENT COMPANY LLC		
2. (a) Principal office address of limited liability comp			
(Note: MUST BE STREET ADDRESS)	El Paso, TX 79902		
(b) Mailing address of limited liability company:	4401 N. Mesa Street		
(Note: MAY BE POST OFFICE BOX)	El Paso, TX 79902		
10/7/0000	140000004540		
10/7/2008 3. Date of filing/registration in Florida	M08000004512 4. Document number		
5. (a) Registered Agent and Registered Office shown	•		
Registered Agent:	CT Corporation System		
Registered Office Address:	1200 S. Pine Island Rd.		
	Plantation FL 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or N	NEW Degistered Office address:		
NEW Registered Agent:	Capitol Corporate Services, Inc.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive, Suite A		
	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 id 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.	e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote		
Signature of a member authorized representative of a member			
GISANNE Smith Printed or typed name of signee			
I hereby accept the appointment as registered agent an comply with the provisions of all statules 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			
Signature of Registered Agent behalf of Capitol Corpo	prate Services, Inc.		
Division of Cornerations, P.O. Box	6327. Taliahassee, FL 32314		

FILING FEE: \$25.00