## m08000004516

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	_		
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE FLORIDA

D. BRUCE

OCT 18 2010

**EXAMINER** 

## **COVER LETTER**

Division of Corporations		
SUBJECT: HP COMMUNITIES LLC		
Name of Limited Liabilit	ry Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to t	he following:	
Myra Homer Name of Person	-	
Capitol Services Registered Agent Depart	<u>t</u> ment	
800 Brazos, Suite 400	10 OCT 15 PM 2: SECRETARY OF ST BLLAHASSEE, FLO	7
Austin, Texas 78701	ARY OF PH	   T
City/State and Zip Code	r SII SI	·
mhomer@capitolservices.com  E-mail address: (to be used for future annual report notification)	PM 2: 57 OF STATE E. FLORIDA	
For further information concerning this matter, please call:		
Myra Homer at ( 800 A	) 345-4647 rea Code & Daytime Telephone Number	
Registration SectionRegisDivision of CorporationsDivisClifton BuildingP.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314	
Enclosed is a check for the following amount:		
	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 COM	MUNITIES LLC		
2. (a) Principal office address of limited liability comp			
(Note: MUST BE STREET ADDRESS)	El Paso, TX 79902		
(Note: MUST BE STREET ADDRESS)			
(b) Mailing address of limited liability company:	4401 N. Mesa Street		
(Note: MAY BE POST OFFICE BOX)	El Paso, TX 79902		
10/7/2008	M08000004516		
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:	CT Corporation System		
Registered Office Address:	1200 South Pine Island Road		
	Plantation FL 33324		
(b) Enter name of NEW Registered Agent and/or N	NEW Registered Office address:		
NEW Registered Agent:	Capitol Corporate Services, Inc.		
NEW Registered Office Address:	155 Office Plaza Drive, Suite A		
(MUST 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 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 or as of or the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member  White Signature of a member of signee.  I hereby accept the appointment as registered agent and 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	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.		
Signature of Registered Agent behalf of Capitol Corporate Services, Inc.			

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