## M09000000852

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SECRETARY OF STATE

D. BRUCE

OCT 18 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: HBC PROPERTY MANA Name of Limite	GERS, LLC ed Liability Company	<del></del>		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	: Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this i	matter to the following:			
Myra Homer				
Name of Person				
Capitol Services Registered Agent Firm/Company	<u>Depart</u> ment			
800 Brazos, Suite 400  Address				
Austin, Texas 78701 City/State and Zip Code		Sec.	10 0	
mhomer@capitolservices.com E-mail address: (to be used for future annual report notification)			OCT	
For further information concerning this matter, pla		SSEE, FI	15 PM 3	
Myra Homer at (	800 ) 345-4647	STAT STAT	ង់រ ភ	•
Name of Person	Area Code & Daytime Telephone Number		فننه	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following am	ount:			
\$25 Filing Fee	\$55 Filing Fcc & Certified Copy			

## 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: HBC PR	OPERTY MANAGERS, LLC		
2. (a) Principal office address of limited liability comp	AAOA NI Mana Olivani		
(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		
2/27/2009	M0900000852		
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 S. Pine Island Rd.		
	Plantation FL 33324		
(b) Enter name of NEW Registered Agent and/or M	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 ideliability 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 comp	he laws of the State of Florida, it is hereby 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 therwise provided in the articles of organization any.		
Signature of a member or authorized representative of a member			
Gusanne Smith			
Printed or typed name of signee	<del></del>		
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	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 wany has been notified in writing of this change.		
Signature of Registered Agent Delanie Case, Asst. Se	ecretary on $ \widetilde{\mathbb{H}}^{\widetilde{\mathcal{L}}} \subset$		
behan or Capitor Corpt	714to 50141053, 1110,		

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