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(Requestor's Name)		
(Address)		
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(in a coop)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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L. SELLERS		
MAY - 6 2011		
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SECRETARY OF STATE



FILING REQUEST

April 21, 2011

FLORIDA DEPARTMENT OF STATE

Type of Filing: CHANGE OF AGENT

Subject(s): VFC-4 1520 HOOLIHAN LLC

Form(s) Enclosed: STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s): NONE

Check Enclosed: YES - CHECK# 36881 FOR \$25.00

Return Via: REGULAR MAIL - SASE ATTACHED

Filing Method: ASAP

PLEASE RETURN TO: NRAI CORPORATE SERVICES 590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Melissa Hobbs

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.

Name of the limited liability company:	/FC-4 1520 Hoolihan LLC		
2. (a) Principal office address of limited liability compar	y: 6400 Imperial Drive		
(Note: MUST BE STREET ADDRESS)	Waco, TX 76712		
(b) Mailing address of limited liability company:	6400 Imperial	Drive	
(Note: MAY BE POST OFFICE BOX)	Waco, TX 76712		
6/22/2010	M100000	02805	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida	Dept. of State:	
Registered Agent:	CT Corporation Syste	T Corporation System	
Registered Office Address:	1200 South Pine Islan Plantation, FL 33324	nd Road	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	NRAI Services, Inc. 515 East Park Avenue	<u>1ress</u> :	
	Tallahassee	,FL32301	
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 idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company of the operating agreement of the limited liability company of the operating agreement of the limited liability company of the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Lotte D. Bostick, Vice President Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my provided to the complex of the confirm that the limited liability company of the provisions, I hereby confirm that the limited liability company of the confirmation of the limited liability company.	e laws of the State of Flori Florida street address of the ntical. Or, in the case of a s) was/were authorized by erwise provided in the arti- ny.	registered office Florida limited an affirmative vote cles of organization AHASSEE, FLI	
Signature of Registered Agent			

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

by: