M10000004398

(Requestor's Name)
~
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORID!

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B. BOSTICK

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EXAMINER



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: April 8, 2013

Order#: 591430-047

> USF 2 D/E/P, LLC Re:

Enclosed please find:

Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

File in your office on a routine basis.

Issue Proof of Filing.

Please return evidence to the following: XX

> Attn: Vera M. Norris 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

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 li	mited liability company: US	F 2 D/E/P, LL0	C			
	(a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		3411 Richmond Avenue Suite 200 Houston, TX 77046			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			3411 Richmond Avenue Suite 200 Houston, TX 77046	<u> </u>		
10/05/2010			M10000004398			
	registration in Florida		4. Document number		-	
5. (a) Registere	d Agent and Registered Offic	e shown on t	he records of the Florida	a Dept. of	f State:	
Registered	d Agent:		NRAI Services, Inc.	P		
Registered	d Office Address:		515 East Park Avenue Tallahassee, FL 32301	SEC	2013	
(b) Enter nam	e of <u>NEW Registered Agen</u>	t and/or <u>NEV</u>	V Registered Office ad	RETARY AHASSE	APR 10	
NEW Res	gistered Agent:		Corporation Service Com			
	gistered Office Address: BE FLORIDA STREET ADD	RESS)	1201 Hays Street	LORIE LATES	12:1-	
			Tallahassee	,F	L <u>32</u> 301	
confirmed that af and the business liability company the members of the operating agree	ility company is not organize ter the change or changes are office of the registered agent to it is hereby confirmed that the the limited liability company of the limited liability or authorized representative of a member	made, the Flowill be identi he change(s) or as otherwise company.	orida street address of th cal. Or, in the case of a was/were authorized by	ne registe Florida l an affirn	red offici imited native v	ote of
Dona Priebe, Auth Printed or typed name			-			·
	the appointment as registered provisions of all statutes relate with and accept the obligation. Or, if this document is being confirm that the limited liable	agent and as ive to the pro- ons of my pos g filed to mer lity company	gree to act in this capac per and complete perfoi ition as registered agen rely reflect a change in t has been notified in wr	ity. I furi rmance o it as prov he regist iting of th	her agr f my du rided for ered off his char	ree to ties, in ice ige.
By: Xnace CK Signature of Registere		Company	Grace E. Kirby, Asst. V	⁷ P		

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