M 13000000583

(Requestor's Name)				
(Address)				
(1001000)				
(Address)				
(City/State/Zip/Phone #)				
(21,)				
PICK-UP WAIT MAIL				
(Purinage Entity Name)				
(Business Entity Name)				
(Document Number)				
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APR 22 2014 C. CARROTHERS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby gkirby3@cscinfo.com

Date: April 11, 2014

Order#: 090649-007

Re: CAPITAL UTILITY RESOURCES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

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 605.0114 or 605.0116, 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.

I. Na	ame of the limited liability company: CAPITAL UTILI	TY RESOUR	RCES, LLC
2. (a)	6340 South 3000 East, Suite 500 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Salt Lake City UT 84121		
	01/28/2013	_M	13000000583
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
	Registered Agent and Registered Office shown on the records of t	he Florida Dep	it. of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
(1-)	Plantation , FL	33324	THE
(b)	Corporation Service Company Enter name of <u>NEW Registered Agent and/or NEW Registered</u>	Office address	
	1201 Hays Street NEW Registered Office Address:		9: 01
	Tallahassee , FL	32301	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registere ability compa f the limited limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Signa	ture of a member or authorized representative of a member	Dona Pr	riebe, Authorized Person Printed or typed name of signee
I here provisi the obi	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	performance	his capacity. I further agree to comply with the c of my duties, and I am familiar with and accep
Signatu	re of Registered Agent Corporation Service Company	BY: Grace	e E. Kirby, Asst. VP

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