PAGE 01/02 Division of Corporations

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(2/2)

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.

. Na	me of the limited liability company: ROQUEMORE H	OLDIN	GS, LLC			
2. (a)		_ (b)		, <u></u>	· · · · · · · · · · · · · · · · · · ·
	Principal office address of limited liability company; (Note: MILST BE STREET ADDRESS)		1	Mailing address of limits (Note: MAY BE POS	_	
	329 OAKS TRAIL #212, GARLAND, TX 75043		329 OAKS	TRAIL #212, GARL	AND, TX	75043
	5/3/2013	_	M13000002	826		
, . (e)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4,		Document number		
. (u)	Registered Agent and Registered Office shown on the records of	the Florid	in Dopt, of State	t:		15
	Registered Office Address (MIST RE FLORIDA STREET ADDRESS) 1201 HAYS STREET			_		1833
	TALLAHASSEE, FI	32301-	2525	-		
(b)	C T Corporation System				(.) (.)	<u> </u>
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		警告	07
	NEW Registered Office Address:			-		
	1200 South Pine Island Road			_		
	Plantation FL	33324		_		
he ohe igent v vas/wi he arti	imited liability company is not organized under the latings or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liese authorized by an affirmative vote of the members of the of organization of the operating agreement of the	the reg ability of the linited	istered offic company, it i nited liabilit	e and the business of is hereby confirmed by company or as oth apany.	ffice of the that the ch crwise pro	e registered hange(s)
36	published a member of sudjurized representative of a member			Printed or typed name	of signee	
~ _ ~	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered affice address, if the writing of this change. The writing of this change. The acceptance of the change of the chang	ree to a perform a for in hereby	et in this cap nance of my Chapter 60: confirm that they Hee	acity. I further agree the first on a familian for its do the limited liability.	e to comp sillar with cument is company i	ly with the and accept being filed has been
	Whiteless of Commences and St. Co.	n <i>6</i> 24	7 . T-U-4	WT 75714		

Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 FILING FEE: \$28.00