

M13000006836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

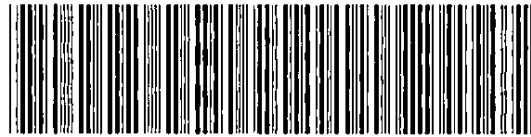
(Business Entity Name)

(Document Number)

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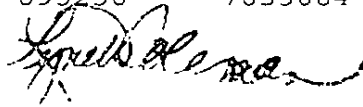
2017 JUN 22 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2017 JUN 22 PM 10:53

K. SALY

JUN 23 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 695256 7655084  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : June 21, 2017  
ORDER TIME : 9:49 AM  
ORDER NO. : 695256-005  
CUSTOMER NO: 7655084

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CHANGE OF AGENT

NAME: DRI/APRC TALLAHASSEE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DRI/APRC TALLAHASSEE, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Randall Husmann

\_\_\_\_\_  
Name of Person

Asset Plus Corporation

\_\_\_\_\_  
Firm/Company

950 CORBINDALE RD SUITE 300

\_\_\_\_\_  
Address

HOUSTON, TX 77024-2849

\_\_\_\_\_  
City/State and Zip Code

rhusmann@assetpluscorp.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randall Husmann

713

268-5130

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.*

1. Name of the limited liability company: DRIAPRC TALLAHASSEE, LLC

2. (a) 950 CORBINDALE RD STE 300 (b) 950 CORBINDALE RD STE 300  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

HOUSTON TX 770242849 HOUSTON, TX 77024-2849

3. 10/29/2013 4. M13000006836  
Date of filing/registration in Florida Document number

5. (a) ELWIN R. THRASHER, III  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

908 NORTH GADSDEN STREET  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
TALLAHASSEE, FL 32303

(b) Corporation Service Company  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1201 Hays Street  
NEW Registered Office Address:  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Michael S. McGrath  
Signature of a member or authorized representative of a member Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent Corporation Service Company BY: Brian Courtney  
Asst. V. Pres.  
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
2017 JUN 22 AM 8:15  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA