

F13000001315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

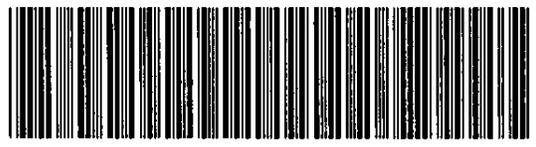
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
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JUL 16 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: R. W. STEARNS, INC
Name of Corporation

DOCUMENT NUMBER: F13 000001315

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HUBERT A. NOGUERA
Name of Contact Person

R. W. STEARNS, INC
Firm/Company

201 MISSION STREET, SUITE 2030
Address

SAN FRANCISCO, CA 94403
City/State and Zip Code

HUBERT@RWSTEARNS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUBERT NOGUERA at (415) 593-1000 ext 101
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of CALIFORNIA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: R.W. STEARNS, INC.

2. The principal office address: 201 MISSION STREET, SUITE 2030 SAN FRANCISCO, CA 94403

3. The mailing address (if different):

4. Date of incorporation/qualification: 3/25/2013 Document number: F13000001315

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JEREMY BENJACOB-FULLER
5906 BAYVIEW CIRCLE
GULFPORT, FL 33707

6. The name and street address of the new registered agent (if changed) and /or registered office NEW ADDRESS (if changed):

JEREMY BENJACOB-FULLER
14385 82nd TERRACE
SEMINOLE, FL 33776

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

HUBERT A. NOWYCA CFO
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

7/8/13
(Date)

If signing on behalf of an entity:

Jeremy Benjacob-Fuller
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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