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SECHLIARY OF STATE STORE OF CORPORATIONS OF CORPORATIONS

M. MILLIGAN OCT 1 3 2017

COVER LETTER

TO: Registration Section Division of Corporations						
ovinción er corporations						
SUBJECT: SETSTON	1 <i>F</i> .					
SUBJECT: SETSTONE Name of Limited Liability Company						
Dear Sir or Madam:						
Dear Sit of Madam.						
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning t	his matter to the following:					
1						
Louis Capellupe Name of Person						
Name of Person						
Set STONE Firm/Company						
Firm/Company						
LICH FURLER	Pi.					
<u>6154 Everlasting</u> Address						
Land C LAKES FL 3413	ς					
Land C. LAKES FL 3463 City/State and Zip Code						
E-mail address: (to be used for future an	Com.					
E-mail address. (to be used for future an	muar report nouncation)					
For further information concerning this matter	r, please call:					
Name of Person at (813) 388-5742 Name of Person Area Code & Daytime Telephone Number						
Name of Leison	Area Code & Daytime Tesephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section Division of Corporations	Registration Section					
Clifton Building	Division of Corporations P.O. Box 6327					
2661 Executive Center Circle	Tallahassee, Florida 32314					
Tallahassee, Florida 32301	randassee, Florida 32317					
Enclosed is a check for the following amount:						
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

, 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.

ı.	Na	me of the limited liability company:SETSTOM	7 <u>Z</u>			
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) LAND O'LAKES FL 34639		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3.5.	(a)	Date of filing/registration in Florida Legaline Corporate Services Registered Agent and Registered Office shown on the records of the				
		Registered Office Address (MUST BE FLORIDA STREET A. 5037 Summer Lin Common S Fort MYERS, FL	5 t			
	(b) Louis and Grika Capelluso Enter name of NEW Registered Agent and/or NEW Registered Office			OCT 10 P		
		6154 EVER LAST ING PIACE NEW Registered Office Address:		3: 49		
16.1	ha ti	LAND O' LAKES , FL mited liability company is not organized under the law				
the age was	cha nt v s/we	nge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the register bility comp f the limited	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company.		
	ignat	ure of a member of authorized representative of a member		Printed or typed name of signee		
I h pro the to n	erel visit obli nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ee to act in performanc I for in Cha ereby confi			
3/12	Hall	e or neganerou rigent				