

Po 500020226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

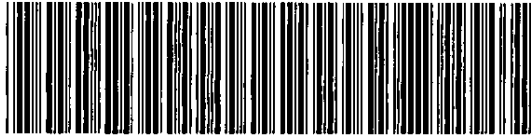
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STONE CONCEPT MIAMI, INC
Name of Corporation

DOCUMENT NUMBER: P05000020226

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:

HAMID SARRAFI
Name of Contact Person

STONE CONCEPT MIAMI, INC.
Firm/Company

7657 N.W. 50 STREET
Address

MIAMI, FLORIDA 33166
City/State and Zip Code

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

For further information concerning this matter, please call:

HAMID SARRAFI at (786) 301-3798
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

Handwritten notes and stamps including "AMID SARRAFI" and "CR2E045 (8/05)".

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: STONE CONCEPT MIAMI, INC.
2. The principal office address: 7657 N.W. 50 STREET, MIAMI, FLORIDA 33166
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2-8-2005 Document number: P05000020226
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)

SPiegel & UTRera, P.A.
1840 SW 22nd St., 4th Floor
Miami, Florida 33145

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

HAMID SARRAFI
7657 N.W. 50 STREET
P.O. Box NOT acceptable
MIAMI, FLORIDA 33166

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TALLAHASSEE, FLORIDA

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.

X ASmi
Signature of an officer or director

HAMID SARRAFI, PRESIDENT
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.

X ASmi
Signature of Registered Agent

JULY 27TH, 2009
Date

If signing on behalf of an entity:

Typed or Printed Name

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