## M95000000 273

## Brandywine Financial Services Corporation P.O. Box 999 Chadds Ford, PA 19317 (610) 388-9600

February 15, 2000

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Stonebrook Investors, LLC Document #M95000000273

400003146754--7 -02/24/00--01081--001 \*\*\*\*\*25.00 \*\*\*\*\*\*25.00

Via Certified Mail
Return Receipt Requested
Z 372 007 518

## Gentlemen:

Enclosed please find the completed and executed Florida Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company along with our check #577 in the amount of \$25.00 for the filing fee.

Should you have any questions regarding this filing, please contact me at (610) 388-9600.

Sincerely,

Michael A. Lynam

Chief Accounting Officer

MAL:dd Enclosures EB 24 PM 9: 52 ETARY OF STATE HASSEE, FLORIDA

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

,	2 907 1444			
1. The name of the limited liability company is: Stonebrook Investors, LLC				
<ol><li>The mailing address of the</li></ol>	limited liability compa	any is : <u>P.O.</u> 6	Box 999	
<u>Chadds Ford</u>				
9/25/95 3. Date of filing/registration in Florida		m95000000273		
3. Date of filing/registration in Florida		4. Documen	t number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:				
	Joseph W. Go Na 2637 McCorn Add Clearwater, City, State	ynor, P.A.		<b>a</b> r.
	2637 McCorn	nick Dr. Ste.	3	_
	Clearwater,	FL 33759		
6. The name and address of the	City, State	and Zip		· <del></del>
6. The name and address of the	andywine Finar	and/or office: OCIAL Services (	Corporation	
_ <u>U</u>	fuce c. I'm	xe		:==:
<u>a</u>	637 Mc Corn	ck Dr.		
Flo	rida street address (P.C	). Box NOT acceptab	le)	
C	learuxter FL City, State a	33759	00 SE TAL	
If the limited liability company confirmed that after the change	is not organized under	the laws of the State	of Florida, it is here	ri bv
and the husiness office of the	or oranges are made,	ne fiorida street addi	ess of the registered	office
the members of the limited light	lity company or or or oth	Bo(3) was were audio	ized by an affirmation	ve vote of
the operating agreement of the	imited liability compa	ny.	5 <u>4</u> 2	тиод ог
(Signature of a member or authorized repr	resentative of a member)		~ ~	
Bruce E. Moore				
(Printed or typed name of signee)			•	-
I hereby accept the appointmen comply with the provisions of all and I am familiar with and acce Chapter 608 F.S. Or, if this do address, I hereby confirm that the (Signature of Registered Agent)	t as registered agent a l statutes relative to th pt the obligations of m cument is being filed to be limited liability com	nd agree to act in this e proper and complet y position as register o merely reflect a cha pany has been notified	capacity. I further to be performance of my a dependent as provided a sent as provided age in the registered a in writing of this contact.	agree to duties, for in office hange.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314