

003000000250

Bricker & Eckler  
ATTORNEYS AT LAW  
BRICKER & ECKLER LLP  
100 South Third Street  
Columbus Ohio 43215 - 4291



000043385210

12/15/04--01036--001 \*\*540.00

MJH

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

12/15 P/A change

003-250

Office Use Only

FILED

04 DEC 15 PM 1:18

6049000860

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. IB-US Stone Limited Partnership

Name of the limited partnership

2. 07/11/2003

Date of filing/registration in Florida

3. B03000000250

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Kriner, Deborah L.

Name

5500 Village Blvd., Suite 200

Address

West Palm Beach, Florida 33407

City, State and Zip

5. The name and address of the new registered agent and/or office:

Deborah L. Kriner

Name

1201 US Highway One, Suite 350A

Florida street address (P.O. Box **not** acceptable)

North Palm Beach

FL 33408

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Ideal Brands Enterprises LLC

By: Walkington, Inc. Its Manager

James A. Rutledge  
Signature of General Partner By: James A. Rutledge Its: President

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**

04 DEC 15 PM 1:18  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED