Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023

Phone : (850) 222-1092

Fax Number

: {850}878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE STONEWARE, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amer Divis	ndment Section ion of Corporations				
SUBJECT:_	itonoware, Inc.				
Name of Corporation					
DOCUMEN	T NUMBER:				
The enclosed	Statement of Change of Registered Office/A	gent and fee are submitted for filling.			
Please return	all correspondence concerning this matter to	the following:			
	Kim Page				
	Name of Contact	t Person			
	Sioneware, Inc.				
	Firm/Company				
	11555 N Meridian, Suite 150				
	Address				
	Carmel, IN 46032				
	City/State and 2	Lip Code			
	kim.page@stone-ware.com				
	E-mail address: (to be used for futu	re annual report notification)			
	formation concerning this matter, please call				
Karen Jones		919 257-5100 at () Area Code & Daytime Telephone Number			
	Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a	\$35.00 check made payable to the Departme	nt of State.			
	Mailing Addresss Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301			

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation orgin order to change its registered office or reg	
1. The name of the corporation: STONEWARE, INC.	
2. The principal office address: 11555 N. Meridian, Suit	te 159, Carmel, IN 46032
3. The mailing address (if different):	
4. Date of incorporation/qualification: 05/16/2012	Document number: F12000002102
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resigned)	
Corporation Service Company	
1201 Hays Street	
Tellahassoe, FL 32301	
6. The name and street address of the new registered a (if changed): C T Corporation System	gent (if changed) and for registered office
	h Nove Advand Broad
c/o C T Corporation System, 1200 Sout	NOT acceptable
Plantation, Florida 33324	
_	eet address of the business office of its registered agent,
Such change was authorized by resolution duly adop authorized by the board or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.
Matodon	President
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all st performance of my dulies, and I am familiar with an agent. Or, if this document is being filed merely to rhereby confirm that the corporation has been notified C T Corporation System	and agree to act in this capacity. Iquies relative to the proper and complete d accept the obligation of my position as registered effect a change in the registered office address, I d in writing of this change.
Signature of Registered Agent	Date
If signing on behalf of an entity:	
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)