## F98000004400

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	9 <del>#</del> )
☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

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TALLAHASSEE ET SATE

Ron

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:Stony Pointe Development Corp.								
	Name of (	Corporation						
DOCUMENT NUMBER:	F98	000004400						
The enclosed Statement of	Change of Registered Offic	ce/Agent and fee are sub	mitted for filing.					
Please return all correspondence concerning this matter to the following:								
		-lamrick						
	Name of Co	ontact Person						
Stony Pointe Development Corp.								
<del></del>	Firm/C	ompany						
		• •						
26300 Sherwood								
	Ado	dress						
	Warren,	Mi. 48091						
	City/State a	ind Zip Code	<u>-</u>					
	chamrick@	iafrate.com						
E-mail	address: (to be used for	future annual report no	tification)					
		·	·					
For further information concerning this matter, please call:								
Chris	Hamrick	at ( 586 )	581-0824					
Name of Co	ntact Person	Area Code & Day	581-0824 ytime Telephone Number					
Enclosed is a \$35.00 check	made payable to the Depar	rtment of State.						
<u>M</u> :	niling Address: nendment Section	Street Addre Amendment	ss:					
	vision of Corporations		Corporations					
P.0	D. Box 6327	Clifton Build	ding					

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

	provisions of sections 607.0502, 617 ange is submitted for a corporation o						_
in orde	er to change its registered office or re	egistered agent, or be	oth, in th	e State of Flo	rida.		
1. The name of	the corporation: Stony Pointe	Development (	Corp.				
2. The principal	office address: 26300 Sherwood	<u>d</u>					
Warren, M	1i. 48091						
3. The mailing a	address (if different):						
4. Date of incorp	poration/qualification: 09/10/1	985 Documen	t number	: F9	800000	4400	)
	d street address of the current register rtment of State: (If resigned, enter res		red offic	e on file with	the		
	CT Corporation System						
	1200 S. Pine Island Road						
	Plantation, Florida 33324				ALLIA!	10 AP	
6. The name and (if changed):	d street address of the new registered	agent (if changed) a	nd /or re	gistered offic	ASSEE.	R -   P	FILE
	Gary Bucholz				F 37	PH	D
	2100 East Bay Drive # 205	ox NOT acceptable	···	··	ATE	: 57	
	Largo, Florida 33771						
The street address changed will	ess of its registered office and the s l be identical.	treet address of the	business	office of its	registere	d ager	ıt,
Such change wanthorized by the	as authorized by resolution duly ad he board, or the corporation has be	opted by its board o	of directo g of the	ors or by an o change.	fficer so		
Signatu	une of an officer or diffector	Domin	rinted or typ	AFE 1478 bed name and title	2		_
I hereby accept I further agree of my duties, ar document is be corpoxation ha	t the appointment as registered age to comply with the provisions of al nd I am familiar with and accept th ing filed merely to reflect a change is been notified in writing of this ch	nt and agree to act i l statutes relative to e obligation of my p in the registered of ange.	in this co the prop osition o fice addi	apacity. per and comp is registered ress, I hereby	elete perf agent. C confirm	formar Or, if the that t	ice his he
///		Mo	nh	36,201	0		
Sig	gnature of Registered Agent		]	Date	-		_
If signing on be	ehalf of an entity:						
т	Gary Bucholz Typed or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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