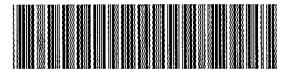
## [0300003760/

(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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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.

_	•				
1. The name of the limited	liability company is:	CUSTOM N	IATURAL STONE, LLC		,
2. The mailing address of t	the limited liability con	npany is : <u>1</u>	0862 SW 188TH STR	EET	
MIAMI, FL 33157					
00/00/0000			2 00000007004		·
09/29/2003		-	L03000037601		
3. Date of filing/registration	on in Florida		4. Document number		
5. The name of the registere Florida Department of Si		ered office a	address as shown on the	records of the	
•	WILLIAMS, MILTO	ON			
_		Name		•	
•	10862 SW 188TH 9	STREET			
-		ddress		-	
,	MIAMI, FL 33157	~~~~		₹., o	
<u>-</u>		tate and Zir	<u>.                                    </u>	05 T	Mark Town
6. The name and address of	• ,	•		DEC 3	Carrier 3 I
<u> </u>	RISHI KAWALL			O PH	
		ame			C "
10862 SW 188TH STREET				1	
	Florida street address	(P.O. Box N	IOT acceptable)	NTE ATE	
<u> </u>	MAIN	FL 3315	7		-
	City, Sta	ate and Zip			
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here of the members of the limit or the operating agreement.  (Signature of a member of authorize	ange or changes are manned the registered agent will be confirmed that the confirmed that the confirmed liability of the limited liability.	de, the Flori l be identica change(s) we ar as otherwi- company.	ida street address of the	registered office	
RISHI KAWALL MANAC	GING MEMBER				
(Printed or typed name of signee)			•	•	-
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the	tment as registered age of all statutes relative accept the obligations is document is being fil hat the limited liability	ent and agre to the prope of my positi led to merel company hi	ee to act in this capacity. r and complete perform on as registered agent a y reflect a change in the as been notified in writir	. I further agree ance of my dutie is provided for i registered offic ng of this change	e to es, n e e.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)