L13000041014

	(Requestor's Name)
	(Address)
<u> </u>	(Address)
	(City/State/Zip/Phone #)
PICK-L	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:





300082992543

01/29/07--01014--003 **25.00

OIVISIUN OF CORPORATION
TALLABASSEE, FLORIDS

RECEIVED

OT JAN 29 AH II: OL



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528 P

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

January 29, 2007

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

William Stone Premier Properties LLC

Finng Evidence			Type of Document of			
☑ Plain/Confirmation Copy			□ Certificate of Sta	tus		
☐ Certified Copy			☐ Certificate of Go	□ Certificate of Status □ Certificate of Good Standing □ Articles Only		
	•		□ Articles Only	05 20 PT		
			☐ All Charter Documents to Include			
Retrieval Request			Articles & Amendments			
	□ Photocopy		□ Fictitious Name	Certificate		
	□ Certified Copy		□ Other			
	NEW FILINGS		AMENDMENTS			
	Profit		Amendment			
	Non Profit		Resignation of RA Officer/Director			
	Limited Liability	X	Change of Registered Agent			
	Domestication		Dissolution/Withdrawal			
	Other		Merger			
				_		
Ĺ.,	OTHER FILINGS		REGISTRATION/QUALIFICATION			
	Annual Reports		Foreign			
	Fictitious Name		Limited Liability			
	Name Reservation		Reinstatement			
	Reinstatement		Trademark			
			Other			

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 limite	ed liability company is	: WILL	IAM STONE PREMIER	PROPERTIES LLC	
2. The mailing address of	f the limited liability co	ompany	y is : <u>215 Oak Rd, Bea</u>	ach Mountain, NC 28604	
10/17/2003	,	***	L03000041014		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of		stered o	office address as shown	on the records of the	
-	Stone, William				
	1130 Rush Street	Nam	e	ALEG OT	
	7,700 1,001,000	Addre	SS	- TAR IN	
	Celebration, FL 3	34747		拉 2	
	City,	, State a	and Zip		
6. The name and address	of the new registered a	agent ar	nd/or office:	129 MIII: 04 HASSEF, FLORI	
	Peter Suglia			95. 2	
		Name	Suite 500	TOP TO	
	Florida street addres	ss (P.O.	Box NOT acceptable)		
	Celebration	FL	34747		
	City, S	State ar	nd Zip		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement with the concordance of a member or author (Signature of a member or author)	hange or changes are not the registered agent was been to the registered agent was been that the company of the limited liability of the limited liability.	nade, the ideal of the change or as of the company of the	ne Florida street address dentical. Or, in the case pe(s) was/were authorize	s of the registered office e of a Florida limited ed by an affirmative vote	
- 				•	
William Stone (Printed or typed name of signee)					
	•		ud amusa ta mat in this a	amanitu. I fuuthan aanaa ta	
onerepy accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. On if address, I hereby confirm	iniment as registered a is of all statutes relativ d accept the obligation this document is being t that the limited liabil	igent a ve to the ns of m filed to ity com	nu agree to act in this c e proper and complete t y position as registered o merely reflect a chang pany has been notified i	apacity. I further agree to berformance of my duties, agent as provided for in e in the registered office in writing of this change.	

(Signature of Registered Agent Peter Suglia

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