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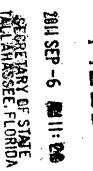
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
	ston Enterprises, LLC · Climited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
Kevin C. Reid		
Name of Person		
K. Reid, CPA, Inc.	ALL AND SECOND TO THE PART OF	
· Firm/Company		
2000 Tumbo Oncole Do. Ouis	The man is a second of the control	
3890 Turtle Creek Dr., Suite	e B	
- Addiess	ORIO PROPERTY OF THE PROPERTY	
Port Orange, FL 32127		
City/State and Zip Code	•	
pmoniz@kreid-cpa.org E-mail address: (to be used for future annual report	notification)	
For further information concerning this man	tter, please call:	
Kevin Reid	at (386) 788-6057	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	ing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

Name of the limited liability company:	Aston Enterprises, LLC
2. (a) Principal office address of limited liability company	944 Chickadee Drive
(Note: MUST BE STREET ADDRESS)	Port Orange, FL 32127
(b) Mailing address of limited liability company:	same
(Note: MAY BE POST OFFICE BOX)	
07/26/2004	L04000055166
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	
Registered Agent:	Friebis, Daniel S
Registered Office Address:	3890 Turtle Creek Drive
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	
NEW Registered Agent:	K. Reid, CPA, Inc.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3890 Turtle Creek Drive Suite B Port Orange ,FL32127
If the limited liability company is not organized under the leanned that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the province of the province of the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	• - -
Signature of Registered Agent	

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

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