

LOS 000049082



Mr. William Haseltine
3244 Stonebridge Trl.
Valrico, FL 33596

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

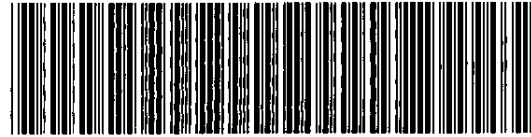
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TALLAHASSEE, FLORIDA
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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. Name of the limited liability company: Stonebridge Unlimited LLC

2. (a) Principal office address of limited liability company: 3244 Stonebridge Trail
 (Note: **MUST BE STREET ADDRESS**) Valrico, FL, 33596

(b) Mailing address of limited liability company: _____
 (Note: **MAY BE POST OFFICE BOX**) _____

3. Date of filing/registration in Florida: 11/20/2010

4. Document number: L05000049082

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:
 Registered Agent: Elizabeth, Gretchen

Registered Office Address: 220 East Madison
Suite 810
Tampa, FL 33602 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: William Hasetline

NEW Registered Office Address: 3244 Stonebridge Trail
(MUST BE FLORIDA STREET ADDRESS) with Valrico
Valrico, FL 33596

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

William F. Hasetline
 Signature of a member or authorized representative of a member

William F. Hasetline
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

William F. Hasetline
 Signature of Registered Agent

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

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 STATE OF FLORIDA
 TALLAHASSEE