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(Re	equestor's Name)	
/A-	(dynas)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
		1/3
	Office Use Only	7113



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SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporation	าร		
SUBJECT:	Affordable Granite & Stor (Name of Limited Liability C		
Dear Sir or Madam:			
The enclosed Registered Agent	t/Registered Office Change and	fee(s) are submitted for filing.	
Please return all correspondence	ee concerning this matter to the f	ollowing:	
Roberto Neu			
(Name of P	erson)		
Active Filing		SECTION OF JUL 1	
18100 W Dixie H			
(Address)	C. FLORI	
Miami, FL 3	33160	A PARTIES AND A	
(City/State and	Zip Code)	·	
For further information concern	ning this matter, please call:		
Roberto Neuberg	<u> </u>	92-0888	
(Name of Persor	ı) (Area	Code & Daytime Telephone Number)	
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	Registrati Division P.O. Box rcle Tallahass	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for	the following amount:		
✓ \$25 Filing Fee	☐ \$55 Fili	\$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.

August 22, 2005		· LOS	L05000082846	
3. Date of filing/registra	tion in Florida	4. Document nur	4. Document number	
5. The name of the regist Florida Department of	tered agent and the regist State:	ered office address as shown	on the records of the	
•		OLIN-HENDRIX		
•		Name		
		DGE CIR N APT59		
	CLEARWATER FL 33760		96 JUL 80	
City, State and Zip				
6. The name and address	of the new registered ag	ent and/or office:	TO THE PART OF THE	
	Jose /	A Pillado		
	N	ame	F. ST	
		st Ave N. # 17 (P.O. Box NOT acceptable)	語	
	Piorida succi address	(1.0. Box NO1 acceptable)		
•	Clearwater	FL 33762		
	•	ate and Zip		
If the limited liability conconfirmed that after the cand the business office o liability company, it is he of the members of the limited or the operating agreement	ereby confirmed that the mited liability company of	- 10 mg	Florida, it is hereby of the registered office of a Florida limited d by an affirmative vote e articles of organization	
(Signature of a member or autil	atrad rampsantative of a member	SIGN HERE		
(Signature of a member of aduse	rized representative of a member	,		
Jose A. Pillado, Mana (Printed or typed name of signee				
,	,	ent and agree to act in this co to the proper and complete p of my position as registered led to merely reflect a change company has been notified in	spacity. I further agree to erformance of my duties, agent as provided for in in the registered office n writing of this change.	

FILING FEE: \$25.00

INHS18 (8/05)