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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sunshine Stoneworks, LLC (Name of Limited	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Harry D. Smith (Name of Person)	TALLAHASS
Sunshine Stoneworks, LLC (Firm/Company)	1 28 P 5: 25 HASSEE, FLORID
3413 Caleche Court	· P
(Address)	
Plano, Texas 75023 (City/State and Zip Code)	
For further information concerning this matter, plea	se call:
Harry D Smith at (877) 964-7810
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	unt:
\$25 Filing Fee	X \$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.

1. The name of the limite	ed liability company is: _	Sunshine Stoneworks,	LLC	
2. The mailing address o	f the limited liability com	pany is: <u>3413 Caleche C</u>	ourt, Plano,	
Texas 75023				
January 4, 2006		L06000000935		
3. Date of filing/registrat	ion in Florida	4. Document number		
5. The name of the register Florida Department of		red office address as shown o	on the records of th	ne
	Corporation Ser	rvice Company Jam e		
	1201 Hays Stree			
		ldress	As B	
Tallhassee, FL 32301			ECRI	
	City, St	ate and Zip	EG S	economic .
6. The name and address	of the new registered ager	nt and/or office:	2006 NOV 28 P 5: 25 SECRETARY OF STATE ALLAHASSEE, FLORIDA	
	Harry D. Smith		지유 고	[]
	Na	me	2.5	
	13330 Rock Ridg		RIFE 21	
	Florida street address (l	P.O. Box NOT acceptable)	DE 5	
	Lakeland J	FL 33809		
	City, Stat	te and Zip		
confirmed that after the c	hange or changes are mad the registered agent will reby confirmed that the cl nited liability company or nt of the hmited liability c	der the laws of the State of F le, the Florida street address of be identical. Or, in the case of hange(s) was/were authorized as otherwise provided in the company.	of the registered of of a Florida limite	ffice d
Harry D. Smith (Printed or typed name of signee)				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered age is of all statutes relative to d accept the obligations of this document is being file that the fimited liability of	nt and agree to act in this cap to the proper and complete pe of my position as registered a ed to merely reflect a change company has been notified in	pacity. I further a prformance of my d gent as provided f in the registered o writing of this ch	gree to luties, or in office ange.
(Signature of Registered Agent)	atto	_		

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