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C. LEWIS

OCT: 2 / 2009

EXAMINER

COVER LETTER

TO:	Registration Section Privision of Corporations	•
SUBJECT: Copestone Enterprises, LLC Name of Limited Liability Company		
	Name o.	Emitted Diability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Pleas	e return all correspondence concernir	ng this matter to the following:
	Brandon Caldwell	
	Name of Person	
	Copestone Enterprises, L	LC
	777 E Atlantic Ave Suite C2	2-395
	Delray Beach, FL 3348 City/State and Zip Code	3
E	brandon@copestone.ne	t notification)
For fu	urther information concerning this ma	atter, please call:
	Brandon Caldwell	at (561)789-6107
	Name of Person 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 follow	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.

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Name of the limited liability company:	Copestone Enterprises, LLC
2. (a) Principal office address of limited liability cor	mpany: 2635 S Ocean Blvd
(Note: MUST BE STREET ADDRESS)	Highland Beach, FL_33487
(b) Mailing address of limited liability company:	777 E Atlantic Ave
(Note: MAY BE POST OFFICE BOX)	Suite C2-395 Delray Beach, FL 33483
03/13/2007	L07000027582
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	on on the records of the Florida Dept. of State:
Registered Agent:	Clara Caldwell
Registered Office Address:	48 Spanish River Dr PR CONTROL OCEAN Ridge, FL 33435
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	r NEW Registered Office address Port S
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2635 S Ocean Blvd Highland Beach ,FL33487
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability con Sighature of a member or authorized representative of a member	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization
Brandon Caldwell Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of the Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.

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

Signature of Registered Agent