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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
₁ · · (Business Entity Name)		
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··· (Document Number)		
Certified Copies Certificates of Status		
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009 OCT -5 PM 2: 4 SECRETARY OF STATE ALLAHASSEE, FLORIC

A. LUNT

OCT - 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Stonebridge Cond Name of L	struction Services, LCC imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for fili	ng.
Please return all correspondence concerning t	A CC	2009 OI
Name of Person		2009 OCT -5 PM 2: 40
Stane bridge Construction Firm/Company	n Services, LLC	PM 2: 40 OF STATE
12550 Agatite Rd	<u> </u>	
Jacksonville FZ 3225 City/Slate and Zip Code	<u>ਹੋ ਦੇ </u>	
E-mail address: (to be used for future annual report no	otification)	
For further information concerning this matte	er, please call:	
Brian Vrelk	at (904) 545-6450	
Name of Person	Area Code & Daytime Telephone Number	Γ
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	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	g 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.

•			
1. Name of the limited liability company: _Stonebox	tge Construction Services, LCC		
2. (a) Principal office address of limited liability company	y: 12550 Agatite 12d		
(Note: MUST BE STREET ADDRESS)	Jacksonville, FZ 32258		
(b) Mailing address of limited liability company:	AND TO		
(Note: MAY BE POST OFFICE BOX)			
3. Date of filing/registration in Florida	4. Document number RDE 5		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Steve Carter		
Registered Office Address:	8627 Hampshire Glen Dr. Sout		
	Jacksonville, PL 32256		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
NEW Registered Agent:	Brian Vick		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12550 Agatite Rd Jacksonville ,FL 32258		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability 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 Thereby accept the appointment as registered agent and or	clorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization y.		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.		
Signature of Registered agent			

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