LU8UUUD88478

(Requestor's Name)				
(Address) .				
(Address)				
,				
(City/State/Zip/Phone #)				
(Oity/State/Zip/r Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				





300162757183

11/16/09--01045--004 **25.00

B. KOHR
NOV 1 8 2009
EXAMINER



COVER LETTER

Division of Corporations			
			9
SUBJECT:	Co	verstone LLC	9
Name of Limited Liability Company			
D 0' M 1			09 101 15
Dear Sir or Madam:			3
The enclosed Registered A	gent/Registered Office	e Change and fee(s) are submitte	d for filing.
Please return all correspon	dence concerning this	matter to the following:	
124	0		
	y Coverstone		
^			
(overstr	ma 110		
Firm/	Company		
114 So	merset Drive		
	dress		
Davenp	ort, FL 33897		
	and Zip Code		
E-mail address: (to be used for	②coverstone.us		
E-mail address: (to be used to	or future annual report notifica	ation)	
For further information con	ncerning this matter, p	lease call:	
Kimberly Cove	erstone at ((863) 424-10)77
Name of Persor	1	Area Code & Daytime Telepho	one Number
STREET/COURIE	R ADDRESS:	MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporat	ions	Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Cent	er Circle	Tallahassee, Florida 32314	
Tallahassee, Florida	32301		
Enclosed is a chec	k for the following an	nount:	
\$25 Filing Fee		\$55 Filing Fee & Certifie	d Copy

TO: Registration Section

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.

Name of the limited liability company:	Coverstone LLC			
2. (a) Principal office address of limited liability company	: Coverstone LLC			
(Note: MUST BE STREET ADDRESS)	114 Somerset Drive Davenport, FL 33897			
(b) Mailing address of limited liability company:	Coverstone LLC			
(Note: MAY BE POST OFFICE BOX)	PO Box 137101 (Clermont, FL 34713 (C)			
09/17/08	دن در المحافظ L08000088478			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Agents and Corporations Inc			
Registered Office Address:	300 Fifrth Avenue South Suite 101-330 Naples, FL 34102			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	W Registered Office address: Kimberly Coverstone 114 Somerset Drive			
(MUST BE FLORIDA STREET ADDRESS)	Davenport ,FL33897			
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. Signature of a member or authorized representative of a member				
Kimberly Coverstone Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provident am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companion of Registered Agent	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.			

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