## 108000091051

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## **COVER LETTER**

<b>FO:</b> Registration Section Division of Corporations						
Stein Time, LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered	l Office Change and	I fee(s) are submitted for filing.				
Please return all correspondence concerning	ng this matter to the	following:				
Kylie Conrad & Kayla King						
Name of Person	_	<del></del>				
Corpi, Inc.						
Firm/Company	_	.;				
7700 E Arapahoe Rd Ste 220						
Address		<del></del>				
Centennial, CO 80112						
City/State and Zip Co	ode	——————————————————————————————————————				
E-mail address: (to be used for future	e annual report noti	fication)				
or further information concerning this ma	atter, please call:					
Kylie Conrad	720 at (	823-9273				
Name of Person	\	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the follo	wing 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 605.0114 or 605.0116, 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.

I. Na	me of the limited liability company:  Stein Time, LLC		_	
2. (a)	2232 Widener Terr	(	b) 2232 W	Videner Terr
` .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Wellington, FL 33414	<del>-</del>	Welling	gton, F1, 33414
	09/24/2008		L080000	91051
3. 5. (a)	Date of filing/registration in Florida STEIN, JEREMY	4.	<u>-</u>	Document number
, (a)	Registered Agent and Registered Office shown on the records of t 2232 Widener Terr	the Floric	la Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRES	<u>(S)</u>	<del></del>
	Wellington, FL	33414		<del></del> 
(n) <u>.</u>	Registered Agents Inc			
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	
	7901 4th St N			
	NEW Registered Office Address: Ste 300			
	St. Petersburg	33702	_	
change agent v was/w	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability c of the li	red office ompany, mited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
	JEREMY STEIN	Jer	emy Stein	
_	ture of a member or authorized representative of a member	<del></del> _		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I I d in writing of this change.	ee to ac perforn d for in hereby c	et in this c nance of n Chapter ( confirm th	rapacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed nat the limited liability company has been
•	vid Roberts			
Signau	re of Registered Agent			