## L0800099554

| (Req                                    | uestor's Name   | )                          |
|---|-----------------|----------------------------|
| (Add)                                   | ress)           |                            |
| (Addi                                   | 1655/           |                            |
| (Add                                    | ress)           |                            |
| (City/                                  | /State/Zip/Phor | ne #)                      |
| PICK-UP                                 | ☐ WAIT          | MAIL                       |
| (Busi                                   | ness Entity Na  | me)                        |
| (Document Number)                       |                 |                            |
| Certified Copies                        | Certificate     | es of Status <u>states</u> |
| Special Instructions to Filing Officer: |                 |                            |
|   |                 |                            |
|   |                 |                            |
| ,                                       |                 |                            |
|   |                 |                            |

Office Use Only

G. MCLEOD

NOV - 4 2009

**EXAMINER** 



800161794778

10/19/09--01009--007 \*\*35.00

15

SECRETARY OF STATE OF CORPORATION OF CORPORATION

## COVER LETTER

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Shapstone Investments CCC  Name of Limited Liability Company   |
| Dear Sir or Madam:  |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| Joseph P. Kuipers Name of Person  |
| Sharpstone Investments LLC Firm/Company   |
| 5896 Lake Metrose Drive   |
| Orlando FL 32829 City/State and Zip Code  |
| E-mail address: (to be used for future amual report notification)   |
| For further information concerning this matter, please call:  |
| Joe Kuipers at (407) 7/9 - 4/2 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:   |
| \$25 Filing Fee \$\times \text{Certified Copy}\$  |
| 1NHS18 (5/08) Please refund \$10 to Joe Knipers   |

Joe Knipers 5896 Laki Melrose Olive

## '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:   | one Investments CCC   |
|---|---|
| 2. (a) Principal office address of limited liability company:   | ·   |
| (Note: MUST BE STREET ADDRESS)  | 5896 Lake Metrose Orive<br>Orlando, FL 32829  |
| (b) Mailing address of limited liability company:   |   |
| (Note: MAY BE POST OFFICE BOX)  | 5896 Lake Melrose Orive<br>Orlando, FL 32829  |
| 10/22/2008  | L080000 99554   |
| 3. Date of filing/registration in Florida   | 1. Document number  |
| 5. (a) Registered Agent and Registered Office shown on the  |   |
| Registered Agent:   | Corporation Service Com   |
| Registered Office Address:  | 1201 Hays Street<br>Tallahassee RC 3230   |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :  | V Registered Office address:  Joe Kuipes  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 5896 Lake Melrose Dr.<br>Grando FC 32829<br>,FL   |
| If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identi liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. | orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization  |
| Signature of a member or authorized representative of a member  | TAR<br>OF   |
| Joe Kuipers   |   |
| I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company   | gree to act in this capacity. I further agree to per and complete performance of maduties, ition as registered agent as provided for aim ely reflect a change in the registered office has been notified in writing of this change. |
| Signature of Registered Agent  Division of Comparations P.O. Poy 633  | 7 Tollahassaa El 22214  |

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