L08000099554

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2011 APR 28 RM 45 89
SECRETARY OF STATE
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C. LEWIS

APP. 2.9 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT: Shar	pstone	e Investments, LLC				
			ed Liability Company				
Dear S	Sir or Madam:						
The e	nclosed Registered Agent/Registered	Office	Change and fee(s) are submitted for filing	[.			
Please	return all correspondence concerning	g this m	matter to the following:				
	la a Muina an						
	Joe Kuipers Name of Person						
	Sharpstone Investments, L	LC					
	Firm/Company						
	.•						
	203 Lookout Point Drive						
	293 Lookout Point Drive)					
	.166.655						
	Osprey, FL 34229						
	City/State and Zip Code						
	kuipersioe@amail.com		407-719-412}				
E-	E-mail address: (to be used for future annual report notification) 407-719-412						
For fu	rther information concerning this ma	tter, ple	ease call:				
	Joe Kuipers	at (407) 719-4123				
	Name of Person	_ `-	Area Code & Daytime Telephone Number				
	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 32314						
	Tallahassee, Florida 32301						
	Enclosed is a check for the follow	ing amo	ount:				
	\$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.

Name of the limited liability company:	of the limited liability company: Sharpstone Investments, LLC				
2. (a) Principal office address of limited liability com	pany:	293 Looko	ut Point Drive		
(Note: MUST BE STREET ADDRESS)	Ospr	ey, FL 34229			
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)		_ookout Point Driv ey, FL 34229	e Z		
10/22/08		L08000099	9564 3	34	
3. Date of filing/registration in Florida	4. Doo	cument number	SSA IS	1	
5. (a) Registered Agent and Registered Office shown	on the reco	ords of the Florida I	Den of State:	116	
Registered Agent:		Kuipers	STATE		
Registered Office Address:	293 L Ospre	ookout Point Drivery, FL 34229	e P		
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Regi	stered Office addr	·ess:		
NEW Registered Agent:	4	Same			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		293 Lookout Point Drive Osprey ,FL 34229			
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be is liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Joe Kuipers Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability company.	the laws of ne Florida s dentical. O ge(s) was/w therwise proany.	the State of Florida treet address of the r, in the case of a Fl ere authorized by a rovided in the article	, it is hereby registered offic lorida limited n affirmative vo es of organization	ee ote on	
Signature of Registered Agent Signature of Registered Agent	pany has be	en notified in writir	ng ŏf this chấng	ŗe.	

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

INHS18 (05/08)