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Certified Copies	Certificates	of Status
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EXAMINER

COVER LETTER

TO **Registration Section Division of Corporations**

StoneSheets, LLC

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Danielle Carpico Name of Person

StoneSheets, LLC

Firm/Company

201 Biscayne Blvd, 28th Floor Address

> Miami, FL 33131 City/State and Zip Code

DCarpico@StoneSheets.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Carpico Name of Person

954

at (

840-6888

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

\$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:	StoneSheets, LLC
2. (a) Principal office address of limited liability company	y: StoneSheets, LLC
(<i>Note: MUST BE STREET ADDRESS</i>)	201 Biscayne Blvd, 28th Floor Miami, FL 33131
(b) Mailing address of limited liability company:	StoneSheets, LLC
<u></u> (<u>Note: MAY BE POST OFFICE BOX</u>)	201 Biscayne Blvd, 28th Floor Miami, FL 33131
2/4/2009	L09000011638
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:	Danielle Carpico
Registered Office Address:	1414 SE. 1st St.
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address
NEW Registered Agent:	Danielle Carpico
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	201 Biscayne Blvd, 28th Floe
	Miami,FL <u>33131</u>
If the limited liability company is not organized under the	laws of the State of Florida, it is hereby

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.

MACD
Signature of a member of authorized representative of a member
Danielle Carpico
Printed or typed name of signee
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I on familiar with and accept the obligations of my position as registered agent as provided for in Chapter 088 F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I vereby confirm that the limited flipbility company 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