

LOG000079778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

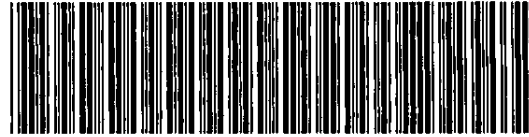
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2013 JAN 23 AM 8:57

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J. SAULSBERRY  
EXAMINER  
JAN 23 2013

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CornerStone Properties of Jax. LLC

Name of Corporation

**DOCUMENT NUMBER:** L09000079778

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael S. Griffith

Name of Contact Person

CornerStone Properties of Jax. LLC

Firm/Company

8323 Ramona Blvd. Ste.#6

Address

Jacksonville, Fla. 32221

City/State and Zip Code

Shawn.griffith@cornerstonehomesjax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael S. Griffith

Name of Contact Person

at ( 904 ) 545-4993

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
TALLAHASSEE, FLORIDA  
JAN 23 2013

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**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: CornerStone Properties of Fla LLC.
2. (a) Principal office address of limited liability company: 8323 Ramona Blvd Ste #6  
(Note: **MUST BE STREET ADDRESS**) Jacksonville Fla 32221
- (b) Mailing address of limited liability company: (same as above)  
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 8/18/2009
4. Document number: L09000079778

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

Michael S Griffith  
10250 Normandy Blvd  
#702  
Jacksonville Fla.  
32221

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

**NEW Registered Office Address:**  
(**MUST BE FLORIDA STREET ADDRESS**)

8323 Ramona Blvd #6  
Jacksonville, FL 32221

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

Printed or typed name of signee

Michael S Griffith

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability 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