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| (Re | questor's Name) | | |
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| (Address) | | | |
| (Address) | | | |
| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL. | |
| (Bu | isiness Entity Nar | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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K.SALY EXAMINER MAY 3 1 2012

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--------|---|---|--|
| SUBJ | SUBJECT: FIVESTEIN, LLC Name of Limited Liability Company | | |
| | | | |
| Dear S | Sir or Madam: | | |
| The en | nclosed Registered Agent/Registered (| Office Change and fee(s) are submitted for filing. | |
| Please | return all correspondence concerning | this matter to the following: | |
| | | | |
| | MICHAEL A. RUSSO | | |
| | Name of Person | | |
| | EIVECTEIN II C | | |
| | FIVESTEIN, LLC Firm/Company | | |
| | | | |
| | 2070 BAYSHORE BLVD. | | |
| | Address | | |
| | | | |
| | DUNEDIN, FL. 34698 | | |
| | City/State and Zip Code | | |
| | | | |
| | MARENGR@AOL.COM -mail address: (to be used for future annual report | notification) | |
| E | -man address. (to be used to future annual report) | iodireation) | |
| For fu | orther information concerning this mat | ter, please call: | |
| | MICHAEL A. RUSSO | at (727) 692-2653 | |
| | Name of Person | at (/2/) 692-2653 Area Code & Daytime Telephone Number | |
| | | MAILING ADDDESS | |
| | STREET/COURIER ADDRESS: Registration Section | MAILING ADDRESS: 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 followi | ng 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: | FIVESTEIN, LLC | | |
|---|---|--|--|
| 2. (a) Principal office address of limited liability compa | any: 2070 BAYSHORE BLVD. | | |
| (Note: MUST BE STREET ADDRESS) | DUNEDIN, FL. 34698 | | |
| (b) Mailing address of limited liability company: | FIVESTEIN, LLC | | |
| (Note: MAY BE POST OFFICE BOX) | P.O. BOX 300 DUNEDIN, FL. 34698 | | |
| 10 / 13 /2009 | L09000099086 | | |
| 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: | JOHN WASHNOCK | | |
| Registered Office Address: | 2032 GOLFVIEW DRIVE | | |
| | DUNEDIN, FL. 34698 | | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | |
| NEW Registered Agent: | MICHAEL A. RUSSO | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 2070 BAYSHORE BLVD. | | |
| (MUSI DE FLURIDA SIREET ADDRESS) | DUNEDIN ,FL, 34698 | | |
| 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 | | | |
| MICHAEL A. RUSSO | | | |
| 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 compositions of Registered Agent | d agree to act in this capacity. I further agree to proper and complete performance of my auties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change. | | |

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