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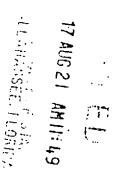
| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
| Special instructions to Fining Officer. | | | | |
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Office Use Only



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COVER LETTER

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|--|---|--|--|--|--|--|
| TO: Registration Section Division of Corporations | • | | | | | |
| Halestones South, LLC SUBJECT: | | | | | | |
| | 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 m | natter to the following: | | | | | |
| Gordon L. Hurtubise | | | | | | |
| Name of Person | | | | | | |
| | | | | | | |
| Firm/Company | | | | | | |
| 333 LAS OLAS WAY, UNIT #1210 | | | | | | |
| Address | | | | | | |
| FT. LAUDERDALE, FL 33301 | | | | | | |
| City/State and Zip Code | | | | | | |
| Gordon.Hurtubise@yahoo.com | | | | | | |
| E-mail address: (to be used for future annual | report notification) | | | | | |
| For further information concerning this matter, ple | ease call: | | | | | |
| Gordon L. Hurtubise | 207 252-5905 | | | | | |
| Name of Person | Area Code & Daytime Telephone Numb | | | | | |
| 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 am | nount: | | | | | |
| ☑ \$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 605.0114 or 605.0116. 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

| L Na | me of the limited liability company: Halestones So | outh, LL | С | |
|--|--|--|---|---|
| 2. (a) | 401 Hendricks Isle, Ft. Lauderdale, FL 33301 | (b) | 401 Hen | dricks Isle, Ft. Lauderdale, FL 333 |
| <i></i> (11) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | | lailing address of limited liability company: Onte: MAY BE POST OFFICE BON) |
| | | _ | | |
| | 03/29/2010 | l | 1000003 | 4197 |
| 3.5. (a) | Date of filing/registration in Florida Paul J. Haley | 4. | ! | Document number |
| J. (11) | Registered Agent and Registered Office shown on the records of th | ne Florida l | Dept. of State: | |
| | Registered Office Address | <u>DDRESS)</u> | | |
| | Cape Coral FI 3 | 33990 | | AUG 2.1 |
| (b) | Gordon L. Hurtubise | | | r |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> | Office add | ress: | AHTI: 49 |
| | NEW Registered Office Address: | _ | | |
| | 333 LAS OLAS WAY, UNIT #1210 | _ | | |
| | FT. LAUDERDALE | 33301 | | |
| the cha agent A was/We the arti Signa I here provisi | imited liability company is not organized under the law; inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liable of authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable of a member with the case of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided by reflect a change in the registered office address. I have | he regist bility cor the limi imited li | ered office mpany, it is ted liability compability compability compability compability capa | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee with the buties, and I am familiar with and accent |

Signature of Registered Agent