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J SHIVERO

COVER LETTER

TO: Registration Section: Division of Corporations	
SUBJECT: Stone City Marke Restoration LLC Name 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 matter to the following:	
Hugo Flores Name of Person	
Stone City Marble Lesturation LLC Firm/Company	
7202 NW 38 St Address	
Coval Springs FL 33065 City State and Zip Code	
E-mail address: (to be used for future-annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (561) 674-3666 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 following amount:	
\$25 Filing Fee \$\sum \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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.

I. Na	ame of the limited liability company: Stone City Marble Restoration
2. (a)	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS) (b) 7202 NW 38 Coral Spring FL33065 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida 4. Document number Hugo Maurico Florida Zdaya (MCR) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1202 NW 38th Street Coval Springs , FL 33065 Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address:
	NEW Registered Office Address: 7202 NW 38th Street. Coval Spring , FL 33065
the cha agent w was/we the arti	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. The following provided in the company of the limited liability company. The following provided in the limited liability company or as otherwise provided in the company of the limited liability company. The following provided in the limited liability company or as otherwise provided in the company of the limited liability company.
provision the oblination to mere notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been I in writing office address.

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