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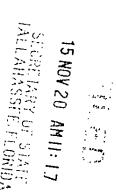
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COVER LETTER

TO:	Registration Section Division of Corporations		•			
SUBJ	HAMMERSTONE CAPITAL	II, LLC				
		ne of Limited Liab	ility Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Off	fice Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fol	lowing:			
Kayla	a Cooper					
	Name of Person					
Keat	ing Muething & Klekamp PLL					
	Firm/Company					
1 E.	4th Street, Suite 1400					
	Address					
Cinc	innati, Ohio 45202					
	City/State and Zip Code					
	per@kmklaw.com					
	E-mail address: (to be used for future and	nual report notifica	ition)			
For fu	rther information concerning this matter	, please call:				
Kayla	a Cooper	513 at (639-3832			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314			
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$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.

1.	Na	me of the limited liability company:	ONE	C P	APITAL II,	LLC		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1607 South Lakeshore Drive		(b))	Tailing address (Note: MAX	s of limited liability (<u>BE POST OFFIC</u> shore Drive	
		Sarasota, FL 34231	 _		Sarasota	, FL 3423	31	·
		01/17/2012		ı	L1200000	7927		
3.		Date of filing/registration in Florida	4.	_		Document 1	number	
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State DECKARD, LON W Registered Office Address MUST BE FLORIDA STREET ADDRESS: 915 MACEWAN DRIVE			•	IALLAL	15 NOV	
		OSPREY , FI	3422	9			75	DV 20
((b)	Enter name of NEW Registered Agent and/or NEW Registered LON W. DECKARD NEW Registered Office Address: 1607 South Lakeshore Drive					OF STATE FILORIDA	
		Sarasota , FI	3423	1				
the age was the	cha ent we artic ignat ereb visio oblinare	mited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of less of organization or the operating agreement of the understanding and agreement of the understanding of all statutes relative to the proper and complete the proper and complete in the proper and complet	ws of the fine regability confined the limited	e Stist	ered office npany, it is ted liability ability comp m W. Dec	and the bus hereby con- company o pany. kard, Co Printed or type	siness office of the firmed that the correct as otherwise properties of the same of signer and name of signer	he registered change(s) rovided in
7101 	Jied	in writing of this change.						