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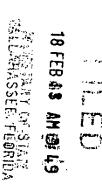
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## COVER LETTER \_\_\_

TO:	Registration Section Division of Corporations	, ,					
SUBJ							
	Nam	Name of Limited Liability Company					
Dear S	Sir or Madam:						
The en	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.					
Please	e return all correspondence concerning th	is matter to the following:					
Suza	nne D. Meehle. Esq.						
	Name of Person						
Meer	nle & Jay, PA						
	Firm/Company						
1215	E Concord Street						
	Address						
Orlar	ndo, FL 32803						
	City/State and Zip Code						
	andstones@ymail.com						
]	E-mail address: (to be used for future ann	ual report notification)					
For fu	orther information concerning this matter,	please call:					
Suza	nne D. Meehle, Esq.	407 792-0790					
	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHSI	18 (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. N	ame of the limited liability company: Steel and Sto	nes LLC	;			
2. (a)	1531 Parkglen Circle	(b) 1531 Parkglen Circle				
(w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	ailing address of limite (Note: MAY BE POS		
	Apopka, FL 32712		Apopka, F	FL 32712		
	03/12/2012	 	12000034	1483		
3.	Date of filing/registration in Florida	4.	Γ	Document number		<del>.</del>
5. (a	Suzanne D. Meehle, Esq.					
J, (a	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:			
	115 Maitland Ave, Third Floor					
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS</u>	!			
		·····				
	Altamonte Springs	32701		:	gi _	
	,,	4		i.	<u> </u>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			i,		
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>lress</u> :	S.		Total Control
	1215 E Concord Street			نبر. مِنْ		
	NEW Registered Office Address:			CORIDA	STATE STATE	
	Orlando, FL	32803				
the chagent was/v	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ws of the f the regis ability co of the lim c limited l	tered office mpany, it is ited liability	and the business of hereby confirmed company or as other	office of the	the registered change(s)
Sign	nature of a member or authorized representative of a member		·	Printed or typed name	of signee	
I her provi. the ol to me notifi	eby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act performed d for in C hereby co	in this capa ance of my d Chapter 605, onfirm that to	citv. I further agr luties, and I am far F.S. Or, if this do he limited liability	ee to con niliar wi ocument compan	nply with the th and accep is being filed y has been