L13000084572

(Requ	uestor's Name)			
(Addı	ress)			
(Adda	ress)			
(/ 1887)	, 555,			
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(City/	State/Zip/Phone	e#)		
PICK-UP	MAIT	MAIL -		
(Busi	ness Entity Nar	ne)		
·	-			
(Door	ument Number)			
(2004)	ument Number)			
Certified Copies Certificates of Status				
Special Instructions to Fi	ilina Officer			
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SECKETARY OF STATE

D. SCOTT DEC 1 5 2016

COVER LETTER

TO: Registration Section Division of Corporations	ች
	Stone, LLC ad 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:
Ian S. Giovinco Name of Person Ian S. Giovinco,	TALLAHASSEE, FLO PA PA
Firm/Company	署名 :
2111 W Swann Av	1e, STP 203
Tampa, FL 33606 City/State and Zip Code	···
E-mail address: (to be used for future annual report r	<u>O</u> notification)
For further information concerning this matter, please call	:
tan Giovinco at (8	November 1813 605 - 7632 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:	
\$\hbar{\sigma}\$25 Filing Fee	1 \$55 Filing Fee & Certified Copy

INH\$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. Name of the limited liability company:	MDA	Cast	Stone	e ILL	7
2. (a) 111 W Swann Av	<u>e</u> (t	•	SAME		
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	r:	N	_	limited liability con	
STE 203	<u>-</u>				
Tampa FL 336	06	-			
6/11/2013			130000	8457	2
3. Date of filing/registration in Florida	4.		Document num	ıber	
5. (a) Jan S. Giovinco					
Registered Agent and Registered Office shown on the record	ds of the Florid	a Dept. of State	:		
Registered Office Address (MUST BE FLORIDA STRI	EET ADDRES:	(2)			
1219 11 Frankl	in S	T		₩s =	
TOMA	2·	26.00		ACCO COS	
- Tarripa	_, FL <u></u>	3602			<u> </u>
(b) <u>Ian S. Giovine</u>	0			SECTION F	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	tered Office ad	ldress:		E S	J
2111 W Swann	Ave			AN II: OO F STATE FLORIDA	
NEW Registered Office Address:					
<u> 518703</u>	<u> </u>				
Tampa	,fl_ <i>33</i>	606			
If the limited liability company is not organized under th	e laws of the	State of Flo	rida, it is hereb	y confirmed th	at after
the change or changes are made, the Florida street addresagent will be identical. Or, in the case of a Florida limit	ed liability c	ompany, it is	hereby confirm	ned that the cha	ange(s)
was/were authorized by an affirmative vote of the memb the articles of organization or the operating agreement of	ers of the lin f the limited	nited liability liability com	company or as pany.	s otherwise pro	vided in
·		Fan	S. Grov	inco Es	a
Signature of a member or authorized representative of a member					
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compute obligations of my position as registered agent as proto merely reflect a change in the registered office address notified in writing of this change.	d agree to ac olele perform wided for in ss, I hereby c	t in this cape lance of my c Chapter 605 onfirm that i	icity. I further luties, and I am , F.S. Or, if thi he limited liabi	agree to compl familiar with is s document is l ility company h	ly with the and accept being filed as been
Signature of Registered Agent	-				