Division of Corporations Electronic Filing Cover Sheet

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(((H19000051750 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007 : (702)866-2500

: (702)866-2689 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

E	Address:		
	MUUL COO.		

LLC REGISTERED AGENT CHANGE STONE BAY ADVISORS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

COVER LETTER

TO: "Registration Section
Division of Corporations

H190000517503

er northe Care.	Stone Ba	iy Advis	ors L	LC			
SUBJECT:Nam	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Off	ice Chan	ge and f	ee(s) a	are submitted for filing.			
Please return all correspondence concerning th							
Treasure and bottomposition controlling							
Brittney Winder							
Name of Person			_	•			
InCorp Services, Inc.							
Firm/Company			_				
2770 Haward Hughoo Diggs - St	₁₁₀ 5005						
3773 Howard Hughes Pkwy. · Su Address			_				
	4						
Las Vegas, NV 89169-801 City/State and Zip Code	4		_				
documents@incorp.com E-mail address: (to be used for future and	mal reno	nt notifi	ation)			
				· · · · · · · · · · · · · · · · · · ·			
For further information concerning this matter	, piease i	жи:					
Brittney Winder	at (800		246-2677			
Name of Person			Arca	Code & Daytime Telephone Num			
STREET/COURIER ADDRESS:		MAILING ADDRESS: Registration Section					
Registration Section Division of Corporations	Division of Corporations						
Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314						
2661 Executive Center Circle Tallahassee, Florida 32301		Tal	lahass	see, Florida 32314			
Enclosed is a check for the following	 g amoun	ıt:					
Dufinger of months and	-			ng Fee & Certified Copy			

NHS18 (2/14)

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H140000 SIT SOS

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 Itability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	lame of the limited liability company: Stone Bay Ac	visors LLC
2. (a)	4000 N = 40 Avenue	(b) 4320 Ne 16 Avenue
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Oakland Park, FL 33334	Oakland Park, FL 33334
	03/10/2014	L14000039291
3.	Date of filing/registration in Florida	4. Document number
i. (a)	UNITED STATES CORPORATION AGENTS, I	NC.
. (-,	Registered Agent and Registered Office shown on the records o	the Florida Dept. of State:
	13302 Winding Oak Court - Suite A	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESSO TS 5
	Tampa	33612 FEB 3 PH
	la Cara Carañasa dan	10 % P
(b)	InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Registere	
	PHICE DAME OF TAX W REGISTER DEPORT OF TAX WEEKERE	ROTE S
	17888 67th Court North	₽
	NEW Registered Office Address	
	Loxahatchee F	33470
he ch gent vas/w	ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I	ws of the State of Florida, it is bereby confirmed that after f the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.
	(N/9)	David Sasso
_	ature of a member or authorized representative of a member	Printed or typed name of signec
provis the ob to me	tions of all statutes relative to the proper and complete	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept ad for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **FILING FEE: \$25.00**

INHS18 (2/14)

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