L14000114299

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
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.015 JUN 16 P 3-3 Secretary of State

> JUNE - 2015 J. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2015

ERICA L. PERRY 5409 MERRITT ISLAND DR. APOLLO BEACH, FL 33572

SUBJECT: LIVING STONE PROPERTIES, LLC

Ref. Number: L14000114299

We have received your document for LIVING STONE PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 215A000 195

FILED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Living Stone Properties, LLC. Name of Limited Biability 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:
Erica L. Perry Name of Person
Living Stone Properties, LLC.
5409 Merritt Island Dr. Address
Apollo Beach FL 33572 City/State and Zip Code Apollo Beach FL 33572 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Erica Per(y at (813) 205-1883 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

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: Living Sta	one Properties, LLC		
2. (a) 5409 Merritt Tsland Dt. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 5409 Mercitt Island Dr Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
Apollo Beach, FL	Apollo Beach FL		
`3357 a	\3357a		
JULY 18, 2014	<u>L14000114299</u>		
3. Date of filing/registration in Florida 4.	Document number		
5. (a) Registered Agents I Registered Agent and Registered Office shown on the records of the Florid	da Dept. of State:		
3030 N. Rocky Point Dr	· · · · · · · · · · · · · · · · · · ·		
Registered Office Address (MUST BE FLDRIDA STREET ADDRES	<u>S)</u>		
Suite 150A			
Tampa, FL 3	33607 E _v =		
(b) Erica L. Perry	ECR LLA		
Enter name of NEW Registered Agent and/or NEW Registered Office a			
5409 Merritt Island NEW Registered Office Address:	Dr. SEF P		
Apollo Beach	JATE 30		
	2570		
, FL	3512		
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the regagent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the litthe articles of organization or the operating agreement of the limited	istered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in		
Signature of a member or authorized representative of a member	Printed or typed name of stence		
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfort the obligations of my position as registered agent as provided for in to merely reflect a change in the registered office address, I hereby notified in writing of this change.	ct in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed		
Signature of Registered Agent			
Division of Corporations P.O. Box 632	7∙ Tallahassee, FL 32314		
FILING FEE: \$25.00			