## 116000007371

| <u> </u>                                | (Requestor's Name)        |           |
|---|---------------------------|-----------|
|   | (Address)                 |           |
|   | (Address)                 |           |
|   | (City/State/Zip/Phone     | ÷#)       |
| PICK-UF                                 | P WAIT                    | MAIL      |
|   | (Business Entity Nan      | ne)       |
|   | (Document Number)         |           |
| ertified Copies                         | Certificates              | of Status |
| Special Instructions                    | s to Filing Officer:      |           |
|   |                           |           |
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SECRETARY OF STAIR.

n RRUCE AUG 16 2017

## **COVER LETTER**

TO:

INHS18 (2/14)

| TO: Registratio<br>Division of  | n Section<br>Corporations      |               |   |                               |    |
|---|--------------------------------|---------------|---|-------------------------------|----|
| SUBJECT:  | RNERSTONE LANDSCA              | APE SOLU      | JTIONS LLC  |                               |    |
| 50B6EC1.  | Nam                            | e of Limited  | d Liability Company   |                               |    |
| Dear Sir or Madam   | :                              |               |   |                               |    |
| The enclosed Regis  | stered Agent/Registered Offi   | ce Change a   | and fee(s) are submitted for fili   | ing.                          |    |
| Please return all co  | rrespondence concerning thi    | s matter to t | the following:  |                               |    |
| JB ROTH   |                                |               |   |                               |    |
|   | Name of Person                 |               |   |                               |    |
| ROTH LAW FIR  | RM PL                          |               |   |                               |    |
| (11) 1 m (10) m | Firm/Company                   |               | <del></del>   |                               |    |
| 6100 GREENLA  | AND RD., SUITE 604             |               |   |                               |    |
|   | Address                        |               |   | 2011<br>SEI<br>TALL           |    |
| JACKSONVILL   | E, FL 32258                    |               |   | 2017 AUS<br>SECRETA<br>ALLAHA | -1 |
|   | City/State and Zip Code        |               | <del></del>   | SSE<br>SSE                    |    |
| JB@ROTHLAV  | VFIRM.NET                      |               |   | E.O.                          | (  |
| E-mail addres   | ss: (to be used for future ann | ual report n  | otification)  | 512: 13<br>512: 13            | 40 |
| For further informa   | ation concerning this matter,  | please call:  |   | <u>\$</u> 3                   |    |
| JB ROTH   |                                | 904           | 595-7900  |                               |    |
| Na  | me of Person                   | u. (          | Area Code & Daytime Te  | elephone Number               |    |
| Registratio<br>Division of<br>Clifton Bu<br>2661 Exect  | f Corporations                 |               | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, Florida 32314 |                               |    |
| Enclosed i  | s a check for the following    | amount:       |   |                               |    |
| <b>☑</b> \$25 Fili  | ng Fee                         |               | \$55 Filing Fee & Certified Co  | ору                           |    |

## 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

| rioria                         | a.   |   |  |  |                |
|--------------------------------|--|---|--|--|----------------|
| 1. Na                          | ame of the limited liability company: CORNERS  | STONE LA  | NDSCAPI  | E SOLUTIONS LLC  |                |
| 2. (a)                         | 2154 HOPKINS STREET  | (t  | 2154 HC  | PKINS STREET   |                |
| _, ()                          | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |   | · —  | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)  |                |
|                                | ORANGE PARK, FL 32073  |   | ORANGE   | E PARK, FL 32073   |                |
|                                |  |   |  |  |                |
|                                | 01/11/2016   |   | L1600000   | 7371   |                |
| 3.                             | Date of filing/registration in Florida   | 4.  |  | Document number  |                |
| 5. (a)                         | ROTH LAW FIRM PL   |   |  |  |                |
| υ. (u)                         | Registered Agent and Registered Office shown on the records  | of the Florida                                      | a Dept. of State:  | :  |                |
|                                | 234 CANAL BLVD   |   |  |  |                |
|                                | Registered Office Address (MUST BE FLORIDA STREE   | ET ADDRESS  | 5)   |  |                |
|                                | SUITE 2  |   |  | <b>2017</b><br>SEC<br>TALL   |                |
|                                | PONTE VEDRA BEACH  | <sub>FL</sub> 32082                                 |  | T AND AND T  | ]              |
| (b)                            | ROTH LAW FIRM PL   |   |  | SSE 15   | •              |
|                                | Enter name of NEW Registered Agent and/or NEW Registe  | red Office ad                                       | <u>dress</u> :   |  | ;<br>]         |
|                                | 6100 GREENLAND ROAD  |   |  | )<br>  13<br>  13<br>  13<br>  13  | •              |
|                                | NEW Registered Office Address:   |   |  | - γ <sub>γ</sub> , ω   |                |
|                                | SUITE 604  |   |  |  |                |
|                                | JACKSONVILLE ,   | FL_32258  |  |  |                |
| the charge agent was/w the art | limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member licles of organization or the operating agreement of a member or authorized representative of a member obly accept the appointment as registered agent and clions of all statutes relative to the proper and completely reflect a change in the registered office address | s of the regit d liability cors of the limited  JEA | stered office ompany, it is nited liability com AN B ROT | e and the business office of the regis<br>is hereby confirmed that the change(s)<br>y company or as otherwise provided<br>apany.  H, AUTH. REPRESENTATIVE<br>Printed or typed name of signee | tered s) in  E |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Kigistered Agent