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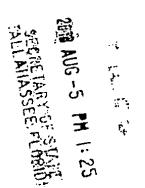
(Requestor's Name)									
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COVER LETTER

10:	Division of Co				•		,
SUBJI	ECT:	CornersTone	Communi	ties	Statting	LLC.	
Dear S	ir or Madam:		Name of Lim	неа глаог	my Compan y		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The en	closed Register	ed Agent/Register	ed Office Chang	ge and fee	(s) are submitte	ed for filing.	35
Please	return all corre	spondence concer	ning this matter	to the foll	owing:		
	Mich	wel Sacra Name of Persor	л ծ				
	Cornerstone	Firm/Company	Sta thing	110			
	/019	79th St. Address	South				
	St. Pet	ershazs <u>f</u> City/State and Zip	7/ 33 Code	3707		`	
	Michaelo E-mail address:	e corners the	Communitie	es - Co	(not a	com)	
For fu	rther information	on concerning this	matter, please c	all:			
	Michae	ed Savig	at (3 05) <u>304</u> Area Code & D	6255 Daytime Teleph	none Number
	Registration: Division of C Clifton Build 2661 Executi	Corporations	:SS:	Regis Divis P.O. I	LING ADDRI tration Section ion of Corpora Box 6327 hassee, Florida	tions	
	Enclosed is	a check for the fo	llowing amoun	t:			
	\$25 Filing	Fee		□ \$ 55	Filing Fee & C	ertified Copy	

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FC LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

Tioriga.	_	_	4 -	* c - 64		
1. Name of the limited liability company:	Cornellar	Cammuni	ties :	Stating	LLC	
1. Name of the limited liability company:	7 33707 company: (SS)	b) /0A 77	Mailing address (Note: MA	S., SF. Post of St. Post of St	iability compa	1 <u>3</u> any: <u>V</u>)
2/17/16 3. Date of filing/registration in Florid 5. (a) Registered Agent and Registered Office shown on its		la Dept. of State	Document	od og 3 number	5474	
Registered Office Address (MUST BE FLORIE) 155 Office Talg hassel (b) Michael Section Enter name of NEW Registered Agent and/or NEV	0	(4.14A 3 2301	-	では、アエア・・・	B NG-5 TH	
1019 79th St. Sour NEW Registered Office Address: Saint Petersbur	th], FL, 337	707			LOAIG	
If the limited liability company is not organized u the change or changes are made, the Florida street agent will be identical. Or, in the case of a Florid was/were authorized by an affirmative vote of the the articles of organization or the operating agrees	t address of the reg la limited liability of members of the li	e State of Flogistered office company, it i mited liability cor	orida, it is be and the bi is hereby co ty company	usiness offi onfirmed the or as other	ce of the re at the chan wise provi	egistere ge(s) ded in
Signature of a member of authorized representative of a m			Printed or t	Wichuel	Savia	ים מי
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an the obligations of my position as registered agent to merely reflect a change in the registered office notified in writing of this change.	ent and agree to a nd complete perfori ' as provided for in ' address, I hereby	ct in this cap mance of my Chapter 60, confirm that	pacity. I fin duties, and 5, F.S. Or, the limited	ther agree I am famil if this docu Tiability co	to comply iar with an iment is be, impany has	with the id acce, ing filed is been
Signature of Registered Agent						