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D. SCOTT FEB 1 3 2018

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	EAGLESTONE CRAFTERS	LLC						
Name of Limited Liability Company								
Dear S	ir or Madam:							
The en	iclosed Registered Agent/Registered Off	ce Change and fee(s) a	re submitted for filing.					
Please	return all correspondence concerning th	s matter to the following	ng:					
ARN	ALDO GONZALEZ							
	Name of Person							
				201				
	Firm/Company			2018 FEB 12				
201 2	ND ST APT A				FM			
	Address			_ U	U			
FOR ⁻	T MYERS, FL 33907			2: 26				
	City/State and Zip Code			\$**				
GON	ZALES390@GMAIL.COM							
E	-mail address: (to be used for future ann	nal report notification)						
For fu	ther information concerning this matter,	please call:						
ARNA	ALDO GONZALEZ		05941					
	Name of Person		Code & Daytime Telep	hone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registratio Division o P.O. Box 6	f Corporations					
	Enclosed is a check for the following	amount:						
	■ \$25 Filing Fee	☐ \$55 Filing	g Fee & Certified Copy					

INHS18 (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. Na	ime of the limited liability company: EAGLESTON	E CRAF	TERS, L	LC		
2. (a)	• • •		201 2NE	1 2ND ST APT A		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
	FORT MYERS, FL 33907	_	FORT M	YERS, FL 33907		
	JANUARY 28, 2018	 l		.1206		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	ARNALDO IZAGUIRRE					
J. (a)	Registered Agent and Registered Office shown on the records of the 201 2ND ST APT A	he Florida	Dept, of State	;		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	FORT MYERS FL	33907		218 FEB		
(b)				5 m		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	lress:			
	ARNALDO GONZALEZ			, 5		
	NEW Registered Office Address:		-			
	201 2ND ST APT A					
	FORT MYERS, FL	33907				
the chargent vas/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law fur alcohology to the company of a member of a member or authorized epresentative of a member	the regis bility cor f the limi limited li ARN	tered office mpany, it is ited liability ability com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany. ONZALEZ Printed or typed name of signee		
provisi the obl to merc	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h d'in writing of this change.	ve to act performa I for in C vereby co	in inis cape ince of my e hapter 605 infirm that i	icus. I juriner agree to comply with the luties, and I am familiar with and accept . F.S. Or, if this document is being filed the limited liability company has been		

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

Signature of Registered Agent