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COVER LETTER

Division of Corporations		
SUBJECT: Field	Istone Engineering, LLC	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
Jim Bryan Barrett		
Name of Person	 	
Fieldstone Engineering, LI	.;	
Firm/Company		
2905 Harder Oaka Ava		
2805 Harder Oaks Ave	· · · · · · · · · · · · · · · · · · ·	
V. I		
Valrico, FL 33594 City/State and Zip Code		
BBarrett@FieldstoneAE.cc	om notification)	
For further information concerning this ma	tter, please call:	
Ryan Rasmussen	at (248) 292-9947	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following	ing amount:	
√ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	Fieldstone Engineering, LLC			
2. (a) Principal office address of limited liability compa	any: 691 N. Squirrel Rd			
(Note: MUST BE STREET ADDRESS)	Suite 120 Auburn Hills, MI 48326			
(b) Mailing address of limited liability company:	691 N. Squirrel Rd			
(Note: MAY BE POST OFFICE BOX)	Suite 120 Auburn Hills, MI 48326			
12/07/2010	M1000005385			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	INCORP Services, Inc			
Registered Office Address:	17888 67th Court North Loxahatchee, FL 334702 S			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	Jim Bryan Barrett			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2805 Harder Oaks Ave			
MUSI BE FLORIDA STREET ADDRESS	Valrico ,FL33594			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member				
Ryan Rasmussen Printed or typed name of signee	· ·			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compo	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.			

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