## 98000006748

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08/08/11--01050--020

T. HAMPTON

41 - 2 2 2011



## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	UBJECT: St. Ives Holdings, LLC  Name of Limited Liability Company				
Dear S	Sir or Madam:			•	
The o	nclosed Registered Agent/Registered	Office	Change and feel	s) are submitted for filing	
THE	nelosed Registered Agent Registered	Office	Change and ree(	s) are submitted for ming.	
Please	return all correspondence concernin	g this m	atter to the follo	owing:	
	Richard Romano				
	Name of Person				
	Cornerstone Management & Lea	sing, In	C.		
	TimeCompany				
1936 San Marco Blvd.					
•	Address		<del></del>		
Jacksonville, FL 32207  City/State and Zip Code					
	, ,				
	Itermin@stivesrealty.con	n Landi Canti	<u> </u>		
E-	man address: (to be used for future annual report	, nonnean	лі)		
For fu	rther information concerning this ma	tter, plea	ase call:		
	Linda Termin	at (	972 )	235-7888	
	Name of Person	\_	Area Code	& Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MAILING A		
	Registration Section Registration Section				
	Division of Corporations	Division of Corporations P.O. Box 6327			
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314				
	Tallahassee, Florida 32301		i alialiassee, i	1011 <b>0a</b> 32314	
	Enclosed is a check for the following	ing amo	ount:		
	\$25 Filing Fee		\$55 Filing	Fee & Certified Copy	



RECEIVED

11 AUG 19 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 9, 2011

RICHARD ROMANO CORNERSTONE MANAGEMENT & LEASING 1936 SAN MARCO BLVD JACKSONVILLE, FL 32207

SUBJECT: ST. IVES HOLDINGS, L.L.C.

Ref. Number: M98000000748

We have received your document for ST. IVES HOLDINGS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 011A00018731

## 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.

1. Name of the limited liab	oility company:	St. Ives Holdings, LLC		
2. (a) Principal office add	ress of limited liability comp	pany: 16910 Dallas Parkway, Suite 100		
(Note: MUST BE	STREET ADDRESS	Dallas TX 75248		
(b) Mailing address of l	limited liability company:	16910 Dallas Parkway, Suite 100		
(Note: MAY BE P	POST OFFICE BOX)	Dallas, TX 75248		
July 9, 199		M9800000748		
3. Date of filing/registration	on in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:		Dennis Pratt		
Registered Office A	Address:	10450 San Jose Blvd., Suite 3 Jacksonville, FL 32207		
<u>NEW</u> Registered A  NEW Registered O	gent:	NEW Registered Office address:  Cornerstone Management & Leasing, Inc. RICHARD M - ROMANO, TRESIDENT  1936 San Marco Blvd.  Jacksonville, FL 32207  FL		
confirmed that after the cha and the business office of the liability company, it is here of the members of the limit or the operating agreement	ange or changes are made, the registered agent will be in the confirmed that the change and liability company or as or of the limited liability comp	the laws of the State of Florida, it is hereby he Florida street address of the registered office dentical. Or, in the case of a Florida limited see(s) was/were authorized by an affirmative where there is provided in the articles of organization.  The CORPORATIONS		
	.4	d source to get in this congesing. I fouther gove to		
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to Signature of Registered Agent	itment as registered agent an of all statutes relative to the accept the obligations of my is document is being filed to hay the limited liability comp	nd agree to act in this capacity. I further agree to expression proper and complete performance of my duties, exposition as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.		

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