

F01000062107

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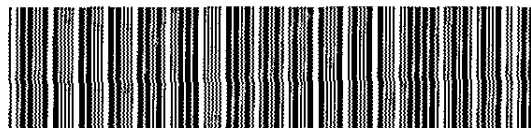
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STONEADEN Enterprises, Inc.
(Name of corporation)

DOCUMENT NUMBER: PO1000062107

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adrian Stone
(Name of person)

STONEADEN Enterprises Inc
(Name of firm/company)

2519 N. Ocean Blvd #407
(Address)

Boca Raton FL 33431
(City/state and zip code)

For further information concerning this matter, please call:

Adrian Stone at 305 338 367-3222
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 12, 2003

ADRIAN STONE
STONEADEN ENTERPRISES, INC.
2519 N. OCEAN BLVD., #407
BOCA RATON, FL 33431

SUBJECT: STONEADEN ENTERPRISES, INC.
Ref. Number: P01000062107

We have received your document for STONEADEN ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return 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) 245-6909.

Velma Shepard
Document Specialist

Letter Number: 803A00015581

RECEIVED
03 MAR 28 AM 9:35
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
_____ in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: STONEADEN Enterprises, Inc
2. The principal office address: 2519 N Ocean Blvd. #407
Boca Raton FL 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/21/2001 Document number: 901000062107
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Company Agent Inc
80 sw 8 Street Ste 2100
Miami FL 33130

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

Adrian Stone
2519 N Ocean Blvd. #407
(P.O. Box or personal mailbox NOT acceptable)
Boca Raton FL 33431

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Adrian Stone
(Signature of an officer, chairman or vice chairman of the board)

Adrian Stone President
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

Adrian Stone
(Signature of Registered Agent)

3/19/2003
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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