

P04000133397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

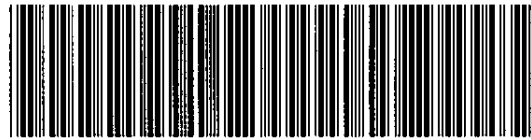
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2010 OCT 18 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TB

OCT 19 2010

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: STONEy brooke Financial Services INC.  
Name of Corporation

DOCUMENT NUMBER: P04000133397

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:

Ken Graves  
Name of Contact Person

STONEy brooke Financial Services INC.  
Firm/Company

4092 126th Dr. N.  
Address

Royal Palm Beach FL 33411  
City/State and Zip Code

STONEy brooke 44 @ aol.com.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ken Graves at (561) 906-2240  
Name of Contact 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: STONE BROOKE FINANCIAL SERVICES, INC.  
2. The principal office address: 4092 126th Dr. N.  
ROYAL PALM BEACH FL 33411  
3. The mailing address (if different):

Same  
4. Date of incorporation/qualification: 9/23/04 Document number: P04000133397

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

TERRI A CRANES  
5701 SEA BISCUIT DR.  
PALM BEACH GARDENS FL 33411

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

TERRI A CRANES  
4092 126th Dr. N.  
ROYAL PALM BEACH FL 33411

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.

Terri A. Cranes  
Signature of an officer or director

TERRI A CRANES  
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.

Terri A. Cranes  
Signature of Registered Agent

10-12-2010  
Date

If signing on behalf of an entity:

TERRI A CRANES  
Typed or Printed Name

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

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

CR2E045 (8/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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