## 04000134425

(Requestor's Name)							
(Address)							
•							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Quein eng Entith Manna)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
·							

**‡** 

Office Use Only



100189147201

100189147201 01/05/11--01014--001 \*\*35,00



RA. Charge C.COULLIETTE

JAN 1 0 2011

**EXAMINER** 

## COVER LETTER

TO:	Amendment S Division of Co							
SUBJECT: STONE BROOK CONSTRUCTION CO.								
		Name (	of Corporation	on				
DOC	UMENT NUMI	BER:P	04000134	4425				
The ea	nclosed Statemen	nt of Change of Registered O	ffice/Agent a	and fee are submitted for filing.				
Please	return all corres	spondence concerning this m	atter to the fo	ollowing:				
				-				
		Time	othy Asaro					
		Name of	Contact Pers	son				
		Stone Brook	k Construct	tion Co.				
		Firm	n/Company					
			SW 81st Lo	оор				
		4	Address	· · ·				
		Dunnel	lon FL 344	31				
		City/Stat	te and Zip Co	ode				
		Stone_Broo	k@belisou	th.net				
	E-1	mail address: (to be used for						
For fu	rther information	n concerning this matter, plea	ase call:					
	Tir	mothy Asaro	at (	352 ) 274-0770				
ı	Name o	of Contact Person		ea Code & Daytime Telephone Number				
Enclos	sed is a \$35.00 c	heck made payable to the De	partment of S	State.				
		Mailing Address:		Street Address:				
Mailing Address: Amendment Section				Amendment Section				
		Division of Corporations	<b>S</b>	Division of Corporations				
		P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle				
		Tanianassee, FL 32314		2001 Executive Center Chicle				

Tallahassee, FL 32301

## TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

			607.1508, or 617.1508, Floi		
			d under the laws of the State		<u> </u>
in orde	er to change its registere	d office or registered	d agent, or both, in the State	e of Florida.	
1. The name of	the corporation: Stone	Brook Const	ruction Co.		
2. The principal	office address: 20870	SW 81st Loop [	Ounnellon FL 34431		
a. The principal	011144 4441455				
2 The mailing of	address (if different): PC	D BOX 733 Duni	nellon FL 34430	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
5. The maning t	iddiess (ii different).				
4. Date of incor	P04000	P04000134425			
	d street address of the current of State: (If resign		nt and registered office on fi	le with the	
	Asaro, Timothy D		_		3
	13561 SW 109th F	Place			ISION OF
	Dunnellon, FL 344	32	·	<del></del>	N-5
6. The name and (if changed):	d street address of the ne	w registered agent (i	if changed) and /or registere	d office	OF STA
	Asaro, Timothy D			· · · · · · · · · · · · · · · · · · ·	28 JOY
	20870 SW 81st Lo	юр			, , , , , , , , , , , , , , , , , , ,
		P.O. Box NOT acc	ceptable		
	Dunnellon FL 3443	31		<del></del>	
The street address changed will	ess of its registered office be identical.	ce and the street add	dress of the business office	of its registe	ered agent,
Such change wa authorized by the	as authorized by resolut he board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or bed in writing of the change	y an officer	so
Signatu	re of an officer or director		Timothy Asaro Pointed or typed name	Preside	n +
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the prov id I am familiar with an ing filed merely to reflec s been notified in writin	istered agent and a isions of all statute: d accept the obliga ct a change in the re g of this change.	gree to act in this capacity s relative to the proper and tion of my position as regi egistered office address, I	,	
James &			1-1-11		
Csig	nature of Registered Agent	<del></del>	Date		<del></del>
If signing on be	half of an entity:				
Timothy	Asaro				
T	yped or Printed Name				

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