

P06000022662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

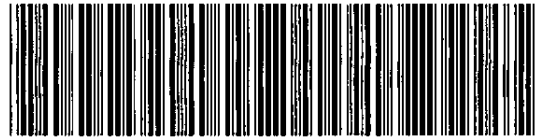
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A. Charge
C.COULLETTE

JUN -4 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Architectural Stone & Design Products
Name of Corporation

DOCUMENT NUMBER: P06000022662

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:

Nina Wasserman
Name of Contact Person

Architectural Stone & Design Products
Firm/Company

531 US Hwy 1
Address

North Palm Beach FL 33408
City/State and Zip Code

info@archstonedesigns.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nina Wasserman at (561) 845-5009
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Architectural Stone + Design Products INC.
2. The principal office address: 531 US Hwy 1 North Palm Beach FL 33408

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2-14-06 Document number: P06000022662

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)

Nina Wasserman
24000 Portofino Circle #107
Palm Beach Gardens FL 33418

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

Nina Wasserman
107 Via Castilla
P.O. Box NOT acceptable
Jupiter FL 33458

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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.

Nina Wasserman
Signature of an officer or director

Nina Wasserman
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.

Nina Wasserman
Signature of Registered Agent

5-28-09
Date

If signing on behalf of an entity:

Typed or Printed Name

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