

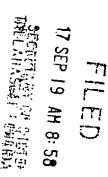
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u>                                     </u>
(Document Number)	
Certified Copies Certificates of :	Status
Special Instructions to Filing Officer:	

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Macha SEP 20 2017

## COVER LETTER

TO: Amendment Section Division of Corporations			
<sub>suвјест:</sub> The Stepha	n Co.		
SUBJECT:	Name of Corporat	ion	
DOCUMENT NUMBER:169	211		
 The enclosed Statement of Change	of Registered Office/Ager	nt and fee are	e submitted for filing.
Please return all correspondence co	ì		-
Lucy Mi			
	Name of Contact P	erson	
Sunset I	mage, LLC		
	Firm/Company	Į.	
1315 Oa	k Pond Street		
Ruskin,	FL 33570		
<del></del> -	City/State and Zip	Code	
lucy_mi	@thestephanc	o.com	
E-mail addres	s: (to be used for future a	annual repo	rt notification)
For further information concerning	this matter, please call:		
Lucy Mir	at (	954	801-2027
Name of Contact P	erson  }	Area Code o	& Daytime Telephone Number
Enclosed is a \$35.00 check made p	 	of State.	
<u>Mailing A</u>	oddress:	Street A	
	ent Section		ment Section
P.O. Box	of Corporations		n of Corporations Building
	6e. FL 32314		xecutive Center Circle
· ummor			ssee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR | BOTH FOR CORPORATIONS

-	· II	ns 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
-	* *	r a corporation organized under the laws of the State of Florida	-
in order	r to change its regis 	stered office or registered agent, or both, in the State of Florida.	
l. The name of t	he corporation:	he Stephan Co.	
2. The principal	office address: 6	5708 North 54th Street	
• •			
The mailing a	ddress (if different)	1:	
			-
I. Date of incorp	poration/qualification	Document number: 169211	
		ne current registered agent and registered office on file with the resigned, enter resigned)	
	CT Corporat	ion System	
	1200 South	Pine Island Road	
	Plantation, F	L 33324	
<ol> <li>The name and (if changed);</li> </ol>	street address of th	ne new registered agent (if changed) and /or registered office	7
	Sunset Imag	10     C	
	1315 Oak P	and Street @ @	C
		P.O. Box NOT acceptable	
	Ruskin, FL	33570	
The street addre	ss of its registered be identical.	office and the street address of the business office of its registered age	nt.
Such change wa	s authorized by reset board or the cor	 solution duly adopted by its board of directors or by an officer so poration has been notified in writing of the change.	
2		Eric T. Kiekbusch, President	
	e of an ollicer or director	]	•
lurther agrée t	o comply with the i	registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and complete in familiar with and accept the obligation of my position as registered if filed merely to reflect a change in the registered office address. I has been notified in writing of this change.	
Tuci	Xes !	9/15/17	
	fure of Registered Agen	Date	
f signing on bel	nalf of an entity:		
Luz Mir, Ma	nager		
Ty	ped 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 (03/12)