•			876539	4685CC
Current Mai	ling Address:			
1239 ROBIN	AVE.			
	NGS, FL 33166 US			
FEI Number: 20-2363215			Certificate of Status Desired: No	
Name and A	Address of Current Registered Age	nt:		
SARRAFI, HAM 1239 ROBIN A' MIAMI SPRING				
The above name	d entity submits this statement for the purpose of cha	naina its reaistered office or reais	tered agent or both in the State of Fl	orido
			torou agoing or board in allo otato or ra	ulua.
SIGNATURE	E: HAMID SARRAFI			07/20/2023
SIGNATURE				
	E: HAMID SARRAFI			07/20/2023
	E: HAMID SARRAFI Electronic Signature of Registered Agent	Title	VP	07/20/2023
Officer/Dire	E: HAMID SARRAFI Electronic Signature of Registered Agent ctor Detail :			07/20/2023
Officer/Dire Title	E: HAMID SARRAFI Electronic Signature of Registered Agent Ctor Detail : PST	Title	VP	07/20/2023
Officer/Dire Title Name	E: HAMID SARRAFI Electronic Signature of Registered Agent Ctor Detail : PST SARRAFI, HAMID A 1239 ROBIN AVE.	Title Name	VP SARRAFI, ALI A 1239 ROBIN AVE.	07/20/2023
Officer/Dire Title Name Address	E: HAMID SARRAFI Electronic Signature of Registered Agent Ctor Detail : PST SARRAFI, HAMID A 1239 ROBIN AVE.	Title Name Address	VP SARRAFI, ALI A 1239 ROBIN AVE.	07/20/2023
Officer/Dire Title Name Address City-State-Zip:	E: HAMID SARRAFI Electronic Signature of Registered Agent Ctor Detail : PST SARRAFI, HAMID A 1239 ROBIN AVE. MIAMI SPRINGS FL 33166	Title Name Address	VP SARRAFI, ALI A 1239 ROBIN AVE.	07/20/2023
Officer/Dire Title Name Address City-State-Zip: Title	E: HAMID SARRAFI Electronic Signature of Registered Agent Ctor Detail : PST SARRAFI, HAMID A 1239 ROBIN AVE. MIAMI SPRINGS FL 33166 VP	Title Name Address	VP SARRAFI, ALI A 1239 ROBIN AVE.	07/20/2023
Officer/Dire Title Name Address City-State-Zip: Title Name	E: HAMID SARRAFI Electronic Signature of Registered Agent ctor Detail : PST SARRAFI, HAMID A 1239 ROBIN AVE. MIAMI SPRINGS FL 33166 VP SARRAFI, ALI REZA 1040 BISCAYNE BLVD 2907	Title Name Address	VP SARRAFI, ALI A 1239 ROBIN AVE.	07/20/2023

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HAMID SARRAFI

PRESIDENT

07/20/2023

FILED Jul 20, 2023

Secretary of State

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020226

Entity Name: STONE CONCEPT MIAMI, INC.