

757475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

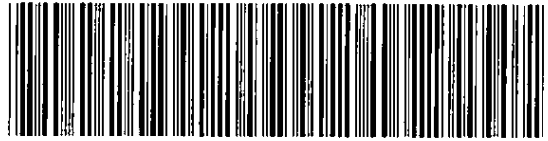
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Registered Agent is not in
our system.

Office Use Only



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08/24/23--01010--002 **35.00

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PM 7:28

08/24/23

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STONE ISLAND HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: _____

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:

AUSTIN ZAKARI

Name of Contact Person

STONE ISLAND HOMEOWNERS ASSOCIATION, INC.

Firm/Company

PO BOX 4277

Address

ENTERPRISE, FL 32725

City/State and Zip Code

BUDDYNSB@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AUSTIN ZAKARI

Name of Contact Person

at (407)

488-8162

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: STONE ISLAND HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: PO BOX 4277, ENTERPRISE, FL 32725
3. The mailing address (if different): _____
4. Date of incorporation/qualification: APRIL 9, 1981 Document number: _____
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)

WEAN & MALCHOW, P.A.

646 E. COLONIAL DRIVE

ORLANDO, FL 32803

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

Typo, Should Be →
DI MASI BURTON P.A.

DI MASI BURTON, P.A.

801 N. ORANGE AVENUE, SUITE 500

P.O. Box NOT acceptable

ORLANDO, FL 32801

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.

[Signature]
Signature of an officer or director

Austin Zukani
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.

[Signature]
Signature of Registered Agent

6/14/23
Date

If signing on behalf of an entity:

[Signature]
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2023

AUSTIN ZAKARI
PO BOX 4277
ENTERPRISES, FL 32725

SUBJECT: STONE ISLAND HOMEOWNERS ASSOCIATION, INC.
Ref. Number: 757475

We have received your document for STONE ISLAND HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 723A00022149

Please see last page of attachment.

There was a typo: should have been
an "I" instead of an "A."

Correct Registered Agent Name: "DI MASI BURTON, P.A."