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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803
Fax Number: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:______

REGISTERED AGENT CHANGE STENEN DEVELOPMENT, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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

- 4

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florid In organized under the laws of the State of Tregistered agent, or both, in the State o	f Alabama	
1. The name of t	the corporation: Stenen Developm	nent, Inc.		
		VEN DRIVE SPANISH FORT, AL 3652	7	
3. The mailing a	ddress (if different); 7660 Pecue L	ane Suite 100 Baton Rouge, LA 70809		
4. Date of incorp	poration/qualification: 06/08/2016	Document number: F1600	0002616	
	I street address of the current regis tment of State; (If resigned, enter	stered agent and registered office on file resigned)	with the	
	C T CORPORATION SYSTEM		2020 SE(
1200 SOUTH PINE ISLAND ROAD		D ROAD	2020 MAR 25 SECRETARI	
	PLANTATION, FL 33324		m.	
6. The name and street address of the new registered agent (if changed) and /or registered of [5] (if changed):			AH IO: 2	
Northwest Registered Agent LLC				
7901 4th St N STE 300				
P.O. Box. NOT acceptable				
	St. Petersburg FL 3370			
The street address changed will	ess of its registered office and the be identical.	street address of the business office of	its registered agent,	
Such change wa	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by a een notified in writing of the change.	n officer so	
Lee Fo	ster	Lee Foster Printed or typed name and		
I further agree to performance of	to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity, all statutes relative to the proper and contained and accept the obligation of my position reflect a change in the registered off tified in writing of this change.	omplete on as registered	
lon	Glove	03/24/2020		
Sig	nature of Registered Agent	Date		
	half of an entity:			
Tom Glove	Fyped or Printed Name			
1.	There are in time that the			

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