F180003805

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ST Online, Inc
Name of Corporation
DOCUMENT NUMBER: F18000003805
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:
Keith Antoon
Name of Contact Person
ST Online, Inc
Firm/Company
346 NW Alice Ave
Stuart, FL 34994
City/State and Zip Code
KeithAntoon@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Keith Antoon 772 919-2097
Keith Antoon Name of Contact Person 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 Street Address: Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.6 ange is submitted for a corporation or ar to change its registered office or reg	ganized under the laws of the State o	Delaware	_		
1. The name of the corporation: ST Online, Inc 2. The principal office address: 346 NW Alice Ave Stuart, FL 34994						
3. The mailing a	address (if different):					
4. Date of incor	te of incorporation/qualification: 8/15/2018 Document number: F18000003805					
	d street address of the current registere rtment of State: (If resigned, enter resi	-	with the			
	Keith Antoon					
	350 NW Alice Ave		- 201			
	Stuart, FL 34994		2018 OCT 30 SECRETAR TALLAH	-M		
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):						
	Keith Antoon		AM II: 29 OF STATE SEE, FL			
	346 NW Alice Ave		29 1E			
	Stuart, FL 34994	NOT acceptable				
The street addreas changed will	ess of its registered office and the stre be identical.	eet address of the business office of	its registered age	int,		
Such change wa authorized by the	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an notified in writing of the change.	n officer so			
Signiti	Keith Antoon, Vice President			_		
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with an is document is being filed merely to r that the corporation has been notifie	and agree to act in this capacity. tatutes relative to the proper and co d accept the obligation of my position effect a change in the registered off	mplete on as registered			
10/27/2018						
Sig	nature of Registered Agent	Date	••••••••••••••••••••••••••••••••••••••			
If signing on be	half of an entity:					
Keith Antoc						
Т	yped or Printed Name					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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