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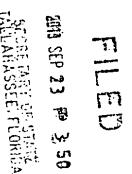
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TO:

INHS18 (2/14)

Registration Section

Division of Corporations Southeast Stone Restoration LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Karen D'Agostino Name of Person Southeast Stone Restoration LLC Firm/Company 1101 Cornwall Road Address Sanford, FL 32773 City/State and Zip Code Karen@southeaststone.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen D'Agostino Area Code & Daytime Telephone Number Name of Person **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Pain already; See attached letter Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee





August 14, 2019

KAREN D'AGOSTINO 1101 CORNWALL RD SANFORD, FL 32773

SUBJECT: SOUTHEAST STONE RESTORATION, LLC

Ref. Number: L08000016641

We have received your document for SOUTHEAST STONE RESTORATION, LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a LLC the document you sent in is for a LP OR LLLP.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 019A00016784

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: Southeast Sto	ne Res	toration L	LC	
2. (a)	1101 Cornwall Road	(b) 1101 Cornwall Road			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (")	N	failing address of limit (Note: MAYBE PO	· · · · · · · · · · · · · · · · · · ·
	Sanford FL 32773	_	Sanford	FL 32773	
	2/15/2008	. <u>-</u> l	.0800001	6641	
3.	Date of filing/registration in Florida	4.		Document number	Г
5. (a)	Oswald, Douglas W.				
J. (u)	Registered Agent and Registered Office shown on the records of t	_	Dept. of State	:	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			
	Altamonte Springs , FL	32714			
(b)	Karen D'Agostino		-	TALLA TALLA	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:		
	c/o Southeast Stone Restoration LLC				
	NEW Registered Office Address:			중요 모양 년	, o
	1101 Cornwall Road			563	တ
	Sanford	32773		·	
the chargent was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member	the registability confirmited li	ered office mpany, it is ted liability ability com	and the business of the hereby confirmed or as of the company o	office of the registered I that the change(s) herwise provided in
I here provisi the oblice to mero notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have a continuous address of the continuous address of the continuous address.	ree to act	in this can	icity I further aci	ree to comply with the