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(Requestor's Name) (Address) (Address)	800333102468
(City/State/Zip/Phone #)	
Certified Copies Certificates of Status	08/15/191.7 **_1
Special Instructions to Filing Officer:	2019 AUG 15 AM 9:07 SECULATIASSEEFE

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COVER LETTER

TO: Registration Section

Division of Corporations

TAMPA CAST STONE, 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:

KEVIN E. RIGGS

Name of Person

RENAISSANCE CONSULTING AND DEVELOPMEN

Firm/Company

5331 PRIMROSE LAKE CIR, STE 228

Address

TAMPA, FL 33647

City/State and Zip Code

KEVIN@RENCD.COM

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

For further information concerning this matter, please call:

813

at (

435-5585

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Name of Person

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

I. Na	ame of the limited liability company:	ST STON	IE, LLC	. <u></u>	
2. (a)	4911 YACHT CLUB DR	(b	(b) 4911 YACHT CLUB DR		
2. (11)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(0	,	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)	
	TAMPA, FL 33616			FL 33616	
	06/11/2013		L130000	34572	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	RENAISSANCE CONSULTING AND DEVE	ELOPME	ENT, LLC		
()	Registered Agent and Registered Office shown on the records o KEVIN E. RIGGS	f the Florida	Dept, of Stat	- 2:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 17411 BRIDGE HILL CT			SECULATION	
	TAMPA	33647			
(h)	RENAISSANCE CONSULTING AND DEVELOPMENT, LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		LAHASSEE, FL		
	KEVIN E. RIGGS			FL OI	
	NEW Registered Office Address:			-	
	5331 PRIMROSE LAKE CIR, STE 228			-	
	TAMPA	L_33647		-	
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of th	of the regis liability co of the lim	stered office mpany, it i ited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	Uprite Touto	DA	NTE CON	ITO ,Manager	
Signa	type of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, a d'in-writing of this change.	gree to act e perform led for in C I hereby co	in this cap ance of my Thapter 602 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent

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