113000119148

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(,,,,,		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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14 MAR 21 PM 4:07
SECRETARY OF STATE
TALLAHASSEE E STATE

T. Burch MAR 2.4 2010

COVER LETTER

TO:	Registration S Division of Co		ons		
SUBJE	ECT:	34	STONEWALL	LANE,	LLC
			Name of Lin	nited Liability C	Company
Dear Si	ir or Madam:				
The end	closed Register	ed Ager	nt/Registered Office Char	ge and fee(s) ar	e submitted for filing.
Please	return all corres	ponden	ce concerning this matter	to the followin	g:
ED	WARD	Ha	OFNAGLE		
		Name	of Person	<u> </u>	
34	STONEWA	ALL Firm/	Company	<u> </u>	
2	5th A	ve.			
		Ado	Iress	· · ·	
INI	SiAN R	OCK ty/State	S BEACH, F	-L 33	785
			9mall.Om		
			rning this matter, please c		
	(
_ <u> </u>) Hooth			27) 40	00 6672
	Name	oPers	on	Area C	Code & Daytime Telephone Number
	STREET/COR		ADDRESS:	MAILING Registration	ADDRESS: n Section
	Division of Co Clifton Buildin		ons	Division of P.O. Box 63	Corporations
	2661 Executiv Tallahassee, F	e Cente			527 s, Florida 32314
	Enclosed is a	check f	or the following amoun	: SEE	ATTACHED LETTER/SE
	□ \$25 Filing F	ee		□ \$55 Filing	Fee & Certified Copy
INHS18	(2/14)				· ·



March 5, 2014

EDWARD HOOFNAGLE 2 - 5TH AVE INDIAN ROCKS BEAC H, FL 33785

SUBJECT: 34STONEWALL LANE LLC

Ref. Number: L13000119148

We have received your document for 34STONEWALL LANE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type of form, proper forms enclosed.

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) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 114A00004788

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. N	ame of the limited liability company: 34 STON	E W/	ILC LA	NE (لد		····	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2 - 5 + b Ave.	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Z - 5 H Ave						
	INDIAN ROCKS Boh, FL 33775	<u>-</u>	Ind;An	لموردج	BEACH,	FL	33785	
	AUG. 22, 2013	_	L130	0011	9148			
3.	Date of filing/registration in Florida	4.	D	ocument n	umber			
5. (a)	Registered Agent and Registered Office shown on the records of the BIZ FILINGS INC. Registered Office Address (MUST BE FLORIDA STREET ALL SIS E- JARK AUC. TALLA HA SSEE ,FL	323	0(SECRETARY OF STATE TALLAHASSEE, FLORIDA	14 MAR 21 PM 4: 07		
	NEW Registered Office Address: ENDIAN ROCKS BEACH, FL.	33	3785					
the change agent was/w	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of interpretation or the operating agreement of the li	ne regist fility cor the limi	ered office a npany, it is h ted liability c	nd the busi ereby conf company or	ness office of irmed that the	of the r	egistered ge(s)	
	News Hours	E	DWARD P	1400 F	NAGLE			
provis the ob- to mer	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete policy ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he dim writing of this change.	e to act i erforma for in Ci reby coi	in this capaci nce of my du hapter 605, I nfirm that the	ity. I furthe ties, and I c F.S. Or, if I c limited lid	er agree to c am familiar his documen ability comp	omnly	with the ad accept ing filed s been	
	Division of Corporations P.O. Bo	x 6327	Tallahasse	e, FL 3231	4			

FILING FEE: \$25.00

INHS18 (2/14)