

L14000039406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

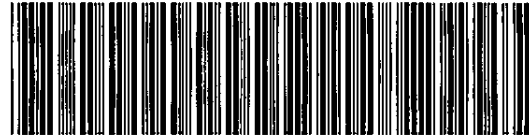
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
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SEP 15 2014  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: StoneBridge Home Inspection Group, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Derek E. Hovey

Name of Person

StoneBridge Home Inspection Group, LLC

Firm/Company

2265 Lee Road, Suite 219

Address

Winter Park, FL 32792

City/State and Zip Code

Sultana@SultanaLaw.com

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

For further information concerning this matter, please call:

Derek E. Hovey

Name of Person

at ( 321 ) 594-4124

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

StoneBridge Home Inspection Group, LLC

(A Florida Limited Liability Company)

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Frederic Guitton	2265 Lee Road	<input type="checkbox"/> Add
		Suite 219	<input checked="" type="checkbox"/> Remove
		Winter Park, FL 32789	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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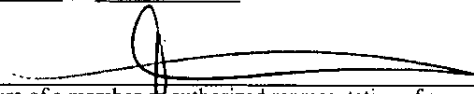
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E. Effective date, if other than the date of filing: date of filing (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 3 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Derek E. Hovey

\_\_\_\_\_  
Typed or printed name of signee

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