

L14000147602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

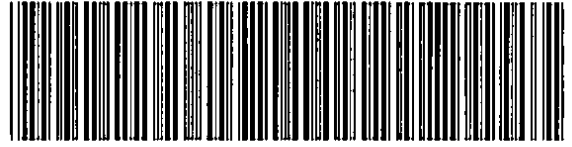
(Business Entity Name)

(Document Number)

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STATE OF ARIZONA
FALL 2019

2020 MAR 10 PM 2:52

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MAR 11 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STONETRUST CONSULTING LLC
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:

JASON BENNICK

Name of Person

STONETRUST CONSULTING LLC

Firm/Company

611 S FT HARRISON AVE UNIT 269

Address

CLEARWATER, FL 33756

City/State and Zip Code

JASONBENNICK@GMAIL.COM

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

For further information concerning this matter, please call:

JASON BENNICK

646
at ()

847-5147

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

RECEIVED

DEC 05 2019



11:52

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2020

JASON BENNICK
611 S FT HARRISON AVE
UNIT 269
CLEARWATER, FL 33756

SUBJECT: STONETRUST CONSULTING LLC
Ref. Number: L14000147602

We have received your document for STONETRUST CONSULTING LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 420A00000672

2020 JAN 10 PM 11:52

**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. Name of the limited liability company: STONETRUST CONSULTING LLC

2. (a) 611 S Ft Harrison Ave Unit 269, Clearwater, FL 33756 (b) 611 S Ft Harrison Ave Unit 269, Clearwater, FL 33756

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

611 S Ft Harrison Ave Unit 269, Clearwater, FL 33756

611 S Ft Harrison Ave Unit 269, Clearwater, FL 33756

09/17/2014

L14000147602

3. Date of filing/registration in Florida

4. Document number

5. (a) JASON BENNICK

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3298 Covered Bridge Rd W, Dunedin, FL 34698

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

3298 Covered Bridge Rd W

Dunedin, FL 34698

(b) JASON BENNICK

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

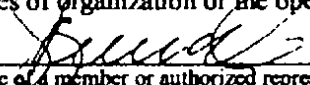
1519 Coachlight Way, Dunedin, FL 34698

NEW Registered Office Address:

1519 Coachlight Way

Dunedin, FL 34698

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were **authorized by an affirmative** vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

JASON BENNICK

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

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

FILED
2020 MAR 10 PM 2:52
STATE OF FLORIDA
CLERK OF THE DIVISION OF CORPORATIONS