(Requestor's Name)	
(Address)	
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COVER LETTER

Registration Section TO: **Division of Corporations**

Stepping Stones Community Solutions 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:

Jeremy Levin

Name of Person

Stepping Stones Community Solutions LLC

Firm/Company

5350 B Riverfront Drive

Address

Bradenton, FL 34208

City/State and Zip Code

jeremylevin@live.com

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

For further information concerning this matter, please call:

Jeremy Levin

768-1747

727

at (

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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:Stepping Sto	nes Co	mmunity	Solutions LLC	····
. ,	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)			Mailing address of li	mited liability company: POST OFFICE BOX)
	5350 B Riverfront Drive		5350 B	Riverfront Driv	e
	Bradenton, FL 34208		Braden	ton, FL 34208	
	July 13, 2016		L160001	32334	
3.	Date of filing/registration in Florida	- 4.		Document num	ber
5. (a)					
	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Sta	ite:	2 -
	Jeremy Levin				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			—	
	5350 B Riverfront Drive				of 5
	Bradenton, FI	34208			FILED
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	dress:	_	FILED 17 JUN 15 AND: 47 DIVISION OF CONFORMATIONS
	NEW Registered Office Address:				
				_	
	, FI	·		_	
he cha igent v vas/we	imited liability company is not organized under the latinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ALMAN	f the regi ability c of the lin limited	stered offic ompany, it nited liabili	ce and the busines is hereby confirm ity company or as mpany.	s office of the registered ed that the change(s)
Signa	ture of a member or authorized representative of a member		· • • • .	Printed or typed na	ume of signee
provisi he obl o mere notified	by accept the appointment as registered agent and agent ons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	perform	ance of my	duties and Lam	Tamiliar with and accen

Signature of Registered Agent

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