L17000122163

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Gertified Copies Gertificates of Status				
Special Instructions to Filing Officer:				
-				

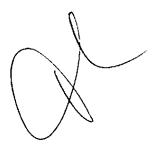
Office Use Only



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10/03/24--01015--011 **2485.00

2024-NOV -5 PM 3: 0.



October 18, 2024

WALTER THOMAS 2549 RYLAND FALLS DR LAKELAND, FL 33811

SUBJECT: STONE MOUNTAIN MOTORS, LLC

Ref. Number: L17000122163

We have received your document for STONE MOUNTAIN MOTORS, LLC and your check(s) totaling \$2485.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Wanite A Mills Regulatory Specialist II

2024 NOV -5 PM 3: 07

Letter Number: 624A00023088,

COVER LETTER

STONE MOUNTAIN MOTORS, LLC		
SUBJECT: Name o	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 r	matter to the following:	
Walter Thomas		
Name of Person		
Walter Thomas, P.A.		
Firm/Company		
2549 Ryland Falls Srive	ea S Eti	ว ถวน
Address		NOV .
Lakeland, Florida 33811	TALLAHASSEE, FL	<u>ب</u>
City/State and Zip Code	ーーー 関語 開か	PH (
walter@walterthomaspa.com	TAT.	9. 0.
E-mail address: (to be used for future annua	ll report notification)	_
For further information concerning this matter, ple	lease call:	
Walter Thomas	863 940-4855 at ()	
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 an	mount:	
■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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: STONE MOUNT	AIN MÓ	TORS, LLC		
2. (a)	2925 MALL HILL DR	r l	2925 MA	ALL HILL DR	
(·-·)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	LAKELAND, FL 33810		LAKELA	ND, FL 33810	
	06/05/2017		L1700012	2163	
3.	Date of filing/registration in Florida WALTER THOMAS, P.A.	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of 230 Doris Drive	the Florid	a Dept. of Sta	_	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRES.</u>	27	2024 NOV -1 SPECIAL AND	
	Lakeland FI	33813		- 10V -5	
(b)	WALTER THOMAS, P.A.			ASSET	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 2549 Ryland Falls Drive	l Office ad	ldress:	STATE E.FL	
	NEW Registered Office Address:			_	
	Lakeland . FI	33811			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of teles of organization or the operating agreement of the	registere ability economic of the limited l	ed office ar impany, it i nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in appany.	
Sign	ture of a member of authorized representative of a member		 	Printed or typed name of signee	
provisi the obl to merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provideely reflect a change in the registered office address, 1 if in writing of this change.	ee to act perform d for in (hereby co	in this cap ance of my Thapter 60, 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	
Signatu	ric of Registered Agent				

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