

L18000272214

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





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10/10/24--01013--004 **25.00

COVER LETTER

	gistration Section vision of Corporations			•		
SUBJECT	Freestone Group 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:						
Maria Mo	cKeehan					
	Name of Person					
Freestone Management LLC						
	Firm/Company					
5415 Nap	-			_		
	Address					
Sarasota.	FL 34243					
	City/State and Zip Code			_		
freestone	ngmt@gmail.com					
E-mai	address: (to be used for future a	nual repo	rt notifi	cation)		
For further information concerning this matter, please call:						
Maria Mo	:Keehan	at (941	, 726-0898		
	Name of Person	(Area Code & Daytime Telephone Number		
Reg Div P.C	iling Address: distration Section dision of Corporations display Box 6327 dahassee, 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		U \$5	5 Filing Fee & Certified Copy		
INHS18 (2/14	4)					

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. No	ame of the limited liability company: Freestone	Group LLC	<u></u>			
2 (a)	_5415 Napa Drive, Sarasota, FL 34243	(b) 54	(b) 5415 Napa Drive, Sarasota, FL 34243			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	11/26/2018		1.18000272214			
3.	Date of filing/registration in Florida					
J.	Date of tring/registration in Florida	4.	Document number			
5. (a)						
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	2170 Main Street Suite 103					
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)				
	Sarasota F	L34237				
(b)	Freestone Management LLC Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:				
	Freestone Management LLC					
	NEW Registered Office Address:					
	5415 Napa Drive					
	Sarasota	L 34243				
	P	1, 51215	-			
change agent v was/wo	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered offi iability compan of the limited li	ice and the business office of the registered y, it is hereby confirmed that the change(s) iability company or as otherwise provided in			
	Mauel Nollect	Maria M	IcKeehan, AMBR			
Signa	ture of a member or authorized representative of a member	 -	Printed or typed name of signee			
provisi	hy accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I I in writing of this change.	r nerformance i	of my duties, and I am familiar with and accent			
Signatu	re of Registered Agent					