L18000288724

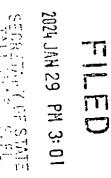
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section		
Division of Corporations		
SUBJECT: Stone Progress LLC Name of Corporation		
DOCUMENT NUMBER: L18000288724		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Michelle E. Treiber		
Name of Contact Person		
Duval Asset Management LLC		
Firm/Company		
9378 Arlington Expressway, Unit 191		
Address		
Jacksonville, FL 32225		
City/State and Zip Code		
DuvalAM.Michelle@gmail.com	20	
E-mail address: (to be used for future annual report notification)	24	en terr
	ب مہد	i i
For further information concerning this matter, please call:	2024 JAN 29	
Michelle E. Treiber at (904)994-1107	PH	
Michelle E. Treiber Name of Contact Person at (904) 994-1107 994-1107	 ب	
اند <u>۱</u> رو	; 으	
Enclosed is a \$35.00 check made payable to the Department of State.	•	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)



December 7, 2023

MICHELLE E TREIBER DUVAL ASSET MANAGEMENT LLC 9378 ARLINGTON EXPRESSWAY, UNIT 191 JACKSONVILLE, FL 32225

SUBJECT: STONE PROGRESS LLC

Ref. Number: L18000288724

We have received your document for STONE PROGRESS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

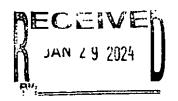
The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing Operations Manager A

Letter Number: 023A00027890



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: Store Prooress LLC
9229 Alimon Front Allich 191 Good Alicolog Fragment
Principal office address of limited hability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Jacksonville, Fr 32225 Jacksonville, Fr 3225
(N_0)
12/18/2018 <u>L18000288724</u>
3. Date of filing/registration in Florida 4. Document number
5. (a) Michaelle Freiter NO SAK MANAGINEND
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
(N) 9378 Artington Expression Unit 191
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4533 Highway Aue, Ste 3
1AC V300 1811 0 181 377749 _ 12 2 1
(Mt) w
(b) Michalle Treiber/Duval Asset Managenery, LIC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
9378 Arlington Expressivary Unit 191
141214 Registered Office riddress.
JACKSONVILLE, FL 32225
· · · · · · · · · · · · · · · · · · ·
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. Mindly 00, 5 Wither Property Wichile Treiber
Signature of a member or authorized representative of a member Managar 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
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.
My Chilla E Con Her
Signature of Registered Agent

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