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(Requestor's Name)						
(Address)						
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·						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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(Document Number)						
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	JECT: STONE ALLIANCE LLC				
	Nan	ne of Limited L	iability Company		
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.		
Please	e return all correspondence concerning th	is matter to the	following:		
LEO	NARDO VAZQUEZ			<u> </u>	
	Name of Person	· -	<u> </u>	SEC 141.141	* * ****
STO	NE ALLIANCE LLC			2019 HAR 22 SECRETAR TALLAHASS	PP:
	Firm/Company			2 PH 33 GF 35 E GF	EBSOVE SOVE
1442	E. MOWRY DR APT 105			M 5: 48 FI OPUL	_
•	Address	,	_	10 mg	
HOM	MESTEAD, FLORIDA, 33033				
	City/State and Zip Code		<u> </u>		
info@	@stonealliancellc.com				
	E-mail address: (to be used for future ann	ual report notif	fication)		
For fu	arther information concerning this matter.	please call:			
LEO	NARDO VAZQUEZ	786	354-7461		
	Name of Person	at (Area Code & Daytime Teleph	ione Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.0	AILING ADDRESS: registration Section vision of Corporations O. Box 6327 Ilahassee, Florida 32314		
	Enclosed is a check for the following	amount:			
	☑ \$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.

1. Na	nne of the limited liability company: STONE ALL	IANCE	LLC	
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(<u>Note: MUST BE STREET ADDRESS</u>)			(Note: MAY BE POST OFFICE BOX)
	1442 E. MOWRY DR APT 105		1442 E.	MOWRY DR APT 105
	HOMESTEAD. FLORIDA, 33033		HOMES	STEAD, FLORIDA, 33033
	JANUARY 24,2019		L190000	25440
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEONARDO VAZQUEZ			
(,	Registered Agent and Registered Office shown on the records o	f the Florid	la Dept. of Sta	_
				- 2019 - 38 - 319
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5795 W 28TH AVE			APPROVEU AND FILED 1019 MAR 22 PM SECRETARY OF IMILIANASSET
	HIALEAH F	L_33016	5	ROVED LED ARY OF ASSET
(b)	LEONARDO VAZQUEZ			
(-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ddress:	· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:			_
	1442 E. MOWRY DR APR 105			_
	HOMESTEAD , F	L_33033	3	
the cha agent v was/we the arti- Signa I here, provisi the obt	imited liability company is not organized under the lainge or changes are made, the Florida street address of will be identical. Or in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization of the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and actions of all statutes relative to the proper and completing in the proper and completing in the proper and completing in the registered agent as provided in verting of this change.	of the reginability of the line of the lin	istered offic company, it mited liabili liability co CONARDC	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. O VAZQUEZ Printed or typed name of signee pacity. I further agree to comply with the

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

ered Agent