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(Address)
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TALLAHASSET TOTAL

SEP 2 0 2022 S. PRATHE!

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: StoneSailing, LLC				
	Name of Limited I	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Register	ered Office Change and	d fee(s) are submitted for filing.		
Please return all correspondence conce	rning this matter to the	following:		
Michael Serrano				
Name of Perso	מכ			
ZenBusiness Inc.				
Firm/Compan	y			
336 E. College Ave. Suite 301				
Address	.			
Tallahassee, FL 32301				
City/State and Zip	Code			
ra@zenbusiness.com				
E-mail address: (to be used for fir	iture annual report noti	fication)		
For further information concerning this	matter, please call:			
Michael Serrano	844 at (493-6249		
Name of Person		Area Code & Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
		Taliahassee, FL 32303		
Enclosed is a check for the fo	llowing amount:			
□ \$25 Filing Fee	☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified			

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, N	Name of the limited liability company: StoneS	ailing	, LLC			
2. (a)	20846 Rock Hall Ave		_(b) 7407 OLD COACH ROAD			
()	Principal office address of limited liability company:		` /	Mailing address of limite	d liability company.	
	(Note: MUST BE STREET ADDRESS)		005	(Note: MAY BE POS		
	Rock Hall, MD 21661		CHE	<u>STWOOD, ł</u>	<u>XY 40014</u>	
						
	11/12/2020		L2000	00358841		
3.	Date of filing/registration in Florida	— 4.		Document number		
5. (a)	Registered Agents Inc.					
` '	Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of Stat	_ te:		
	7901 4th St N					
	Registered Office Address (MUST BE FLORIDA STREE	T.ADDRE	227	_		
	STE 300				7.77	
	St. Petersburg	33702		_	EUZ JUN 27	
	, , , , , , , , , , , , , , , , , , , ,	FL		_		
(b)	ZenBusiness Inc				FEL N 27 VSSE	
• •	Enter name of NEW Registered Agent and/or NEW Registe	red Office a	ddress:	_		
	2245.0.11				1 2: STA STA	
	336 E. College Ave.		<u> </u>	_	115 45	
	NEW Registered Office Address:					
	Suite 301		- ·			
	7° 11 1					
	Tallahassee ,	FL				
If the	limited liability company is not organized under the	laws of th	e State of Flo	orida, it is hereby cor	ifirmed that after the	
change	e or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited	he register	red office an	d the business office.	of the registered	
was/w	ere authorized by an affirmative vote of the member	s of the lir	mited liabilit	v company or as other	rwise provided in	
	ticles of organization or the operating agreement of t		-	• •	-	
	Kimberly Stone atthronized representative of a member	<u> </u>	mberly S	TOTIE Printed or typed name o	of ciamon	
	•	gree to a	et in this can	,.	•	
provis the ob	eby accept the appointment as registered agent and a tions of all statutes relative to the proper and comple ligations of my position as registered agent as provi- tely reflect a change in the registered office address,	te perform	nance of my o	duties, and I am Jami	liar with and accept	
to mer notifi e	rely reflect a change in the registered office address, alin writing of this change.	I hereby c	confirm that	the limited liability co	ompany has been	
	har comman					
Signati	tre of Registered Agent					