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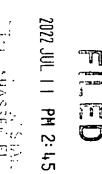
(Requestor's Name)									
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PICK-UP WAIT MAIL									
(Business Entity Name)									
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(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	ECT: 7627 STONEY HILL LLC							
3020	Name of	Limited L	iability Company					
Dear S	Sir or Madam:							
The e	nclosed Registered Agent/Registered Office C	hange and	fee(s) are submitted for filin	lg .				
Please	return all correspondence concerning this ma	tter to the	following:					
Melis	sa Jones							
	Name of Person							
ZenB	siness Inc.							
	Firm/Company		_					
336 E	. College Ave. Suite 301							
	Address			PLEJIASSES, FL	2022 、			
Tallat	nassee, FL 32301			: <u>1</u> :		der miner		
-	City/State and Zip Code			ASSI Si	_ _) [F]		
ta@ze	enbusiness com				<i>\\</i> 2			
	E-mail address: (to be used for future annual r	eport noti	fication)	43.	÷5			
For fi	orther information concerning this matter, plea	se call:						
Mel	lissa Jones	844 t (493-6249					
	Name of Person	`	Area Code & Daytime Te	lephone Nun	ıber			
	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 amo	ount:						
□ \$25 Filmg Fee			55 Filing Fee & Certified Co	эру				

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	ame of the limited liability company: 7627 STC	NEY	/ HILL	LLC _			
2. (a)	1589 OAK GROVE AVENUE	ď	ຸ 1589	OAK GRO	VE A	VE	NUE
(_)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of (Note: MAY B)	limited lia	bility c	company:
	SAN MARINO, CA 91108	_	SAN	MARINO	CAS	<u>911</u>	08
							
	06/16/2021		L2100	0279950			
3.	Date of filing/registration in Florida	4.		Document num	nber		
5. (a)	Registered Agents Inc.						
• • •	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Stat	- te:			
	7901 4th St N			_			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>(DDRES</u>	<u>ST</u>				
	St. Petersburg , FL	33702		_	<u></u>	2022 JUL	- 71
(b)	ZenBusiness Inc				HASSE	<u> </u>	र कत्तक र कत्तक भ स
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	_	AS.		i TT
	336 E. College Ave.					PH 2:1	
	NEW Registered Office Address:				F ::-	£5	
	Suite 301			_			
	Tallahassee , FL	32301					
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registere bility co f the lim	ed office an mpany, it is ited liabilit	d the business of s hereby confirm v company or as	office of t	the reg the ch	gistered ange(s)
	Stephen Loh	Ste	ephen Lo	oh			
	ture of a member or authorized representative of a member			Printed or typed a	_	•	
I here provisi the obl to mere notifi e	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had all in writing of this change.	ee to act performa for in C ereby co	in this cape ince of my c Chapter 605 onfirm that	acity. I further duties, and I am I am I, F.S. Or, if thi the limited liabi	agree to familiar s docume lity comp	complewith ent is loany h	ly with the and accept being filed nas been
Signatu	re of Registered Agent						