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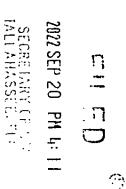
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
J. HORNE								
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COVER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

	istration Section ision of Corporations		
SUBJECT:	STONE BUILDING SOLUTIONS LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		imited Li	ability Company
Dear Sir or	Madam;		
The enclose	d Registered Agent/Registered Office Ch	ange and	fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matt	er to the f	following:
Adam C. Lo	sey		
	Name of Person		_
Losey PLLC			
	Firm/Company		_
1420 Edgewa	ater Drive		
	Address		_ _
Orlando, Flo	rida 32804		
	City/State and Zip Code		
Firm@Losey	cLaw		
E-mail	l address: (to be used for future annual rep	ort notifi	eation)
For further i	information concerning this matter, please	call:	
Adam C. Los	sey	407	, 906 -1605
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: gistration Section rision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303
Enc	closed is a check for the following amou	nt:	
= \$	325 Filing Fee	□ \$5	5 Filing Fee & Certified Copy

1NHS18 (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.

١.	Na	ime of the limited liability company: STONE BUILDIN	G SOL	UT	IONS LLC	<u> </u>			
2.	(a)	260 IST AVE, S.	(b) 260 1ST AVE. S.						
\-	,,	Principal office address of limited liability company; (<u>Note: MUST BE STREET ADDRESS</u>)	_ ``	.,,		Mailing address of limite (Note: MAY BE POS	•	-	y:
		SUITE 200 BOX 225			SUITE 20	0 BOX 225			
		ST. PETERSBURG, FL 33701	-	_	ST. PETE	RSBURG, FL 33701			
		06/27/2022		i	.22000290)357			
3.		Date of filing/registration in Florida	4.	_		Document number			
5. (a	(a)	WILLIS & ODEN, PL							
	(***)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				e:			
		2121 S. HIAWASSEE RD. SUITE 116					<u> </u>	202	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	-CRE 1	2022 SEP 20	$\overline{\mathcal{I}}$
		ORLANDO .FL 32835				_	7385 7487 F	20 P	.7
(h	(b)	Losey PLLC) PH 4: 1	O
	,,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				_			
		1420 Edgewater Drive							
		NEW Registered Office Address:				_			
						_			
		Orlando , FL	32804			_			
cha ago wa	inge ent v s/we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the land the	register bility ec f the lin	ed om nite lial	office an pany, it is ed liabilit	d the business office s hereby confirmed t y company or as oth ipany.	of the r	egistere :hange(ed s)
S		ture of a member or authorized representative of a member	-			Printed or typed name	of signee		
pro the to t	visi obl nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete f igations of my position as registered agent as provided by reflect a change in the registered office address. I had in writing of this change.	verform ' för in (ian Ch	ce of my a apter 605	duties, and Lam fam . F.S. Or, if this doc	iliar wit cument i	h and a s being	ccept filed
Sig	natu	re of Registered Agent							

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

INHS18 (2/14)