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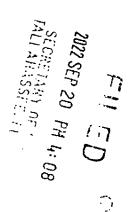
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
JEC 22 2022					

Office Use Only



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LOSEY

Adam Losey alosey@losey.law 407.906.1605

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401 E. Jackson Street Tampa, Fl. 33602

524 E. College Avenue Tallahassee, FL 32301

9802 Baymeadows Road Jacksonville, FL 32256

1680 Michigan Avenue Miami Beach, FL 33139

435 Canal Street New Smyrna Beach, FL 32168

44 Court Street Brooklyn, NY 11201

www.losey.law

September 16, 2022

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

VIA USPS Priority Mail

Re: Entity Amendments

To the Registration Section of the Florida Division of Corporations,

Please find enclosed five (5) separate filings along with their own respective checks.

- 1. Registered Agent Change form for Stone Appraisal Group LLC;
- 2. Registered Agent Change form for Stone Building Solutions LLC;
- 3. Registered Agent Change form for Stone Claims Group LLC;
- 4. Articles of Amendment for Stone Inspections LLC; and
- 5. Articles of Amendment for Stone Reserves Studies LLC

Very Truly Yours,

Adam Losey, Esq.

COVER LETTER

TO: Registration 9 Division of C							
SUBJECT:	APPRAISAL GROUP LLC						
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registe	red Agent/Registered Office Cha	inge and	fee(s) are submitted for filing.				
Please return all corre	spondence concerning this matte	er to the f	following:				
Adam C. Losey							
	Name of Person						
Losey PLLC							
_	Firm/Company		_				
1420 Edgewater Drive							
	Address		_				
Orlando, Florida 32804							
(Tity/State and Zip Code		_				
Firm@Losey.Law							
E-mail address:	(to be used for future annual rep	ort notifi	cation)				
For further informatic	on concerning this matter, please	call:					
Adam C. Losey	or (407	906 -1605				
Name	at (at (Area Code & Daytime Telephone Number				
Mailing Ade Registration Division of G P.O. Box 63 Tallahassee.	Section Corporations 27		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 amour	nt:					
■ \$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.

2. (a	260 IST AVE. S. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SUITE 200 BOX 225		(b) <u>260 IST</u>	AVE. S.		
- (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)					
	SUITE 200 BOX 225			Mailing address of limi (Note: MAY BE, PO		·:
			SUITE 20	90 BOX 225		
	ST. PETERSBURG, FL 33701		ST. PETE	ERSBURG, FL 33701		
	06/27/2022		1.22000290)456		
3.	Date of filing/registration in Florida	4.		Document number	ſ	
5. (a	WILLIS & ODEN, PL					
5, 10	Registered Agent and Registered Office shown on the records of 2121 S. HIAWASSEE RD. SUITE 416	the Flori	da Dept, of Sta	te:		
	Registered Office Address (MUST RE FLORIDA STREET	ADDRE	<u>(SS)</u>	_		
				<u> </u>	202 FACE SEE	
	ORLANDO, F	L_32835		_	2 SE	Π
(ն	Losey PLLC				2022 SEP 20 PH SECRETARY OF S ALL ABASSITE FOR	=
(,,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-		77
	1420 Edgewater Drive				PH 4: 08	J
	NEW Registered Office Address:			_	&	$i\mathbb{Q}$
				_		
	Orlando , F	32804 L				
chang agent was/v the ar Sign	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the florida limited livere authorized or a member caute of a member or authorized representative of a member why accept the appointment as registered agent and ag	e registe ability of of the li limited	red office ar company, it i mited liabilit liability cor Chris M	nd the business offic is hereby confirmed ty company or as of inpany. Aller Printed or typed name	ce of the registere that the change(s herwise provided cof signee	d s) in
provi the oi to me notifi	sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a clumge in the registered office address. I ed in writing offthis change.	perfori ed för in hereby	nance of my Chapter 602 confirm that	duties, and I am fai 5, F.S. Or, if this do the limited liability	miliar with and ac ocument is being j company has bec	zcept filed en

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

FSHS18 (2/14)