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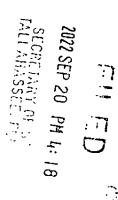
(Requestor's Name)								
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PICK-UP	☐ WAIT	MAIL						
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Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
	J. Ho	ORNE 2 2022						

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations							
STONE CLAIMS GROUP LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filling.						
Please return all correspondence concerning this matter to	the following:						
Adam C. Losey							
Name of Person							
Losey PLLC							
Firm/Company							
1420 Edgewater Drive							
Address							
Orlando, Florida 32804							
City/State and Zip Code							
Firm@Losey.Law							
E-mail address: (to be used for future annual report:	notification)						
For further information concerning this matter, please call	l:						
Adam C. Losey	407 906 -1605						
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 Tallahassee, FL 32303						
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.

I. Na	me of the limited liability company: STONE CLAIM	AS GROUP I	JLC -	· · · · · · · · · · · · · · · · · · ·		
2. (a)	260 IST AVE, S.	(b)	260 1ST AV	VE. S.		
(···)	Principal office address of limited liability company. (<u>Note: MUST BE STREET ADDRESS</u>)	(,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	SUITE 200 BOX 225		SUITE 260	BOX 225		
	ST. PETERSBURG, FL 33701		ST. PETER	SBURG, FL 33701		
	07/08/2022	1	.220003168	47		
3.	Date of filing/registration in Florida	4.	1.	Document number	- "	
5. (a)	WILLIS & ODEN, PL					
J. (11)	Registered Agent and Registered Office shown on the records of	of the Florida I	Dept. of State:			
	2121 S. HIAWASSEE RD. SUITE 116				707 1≥5	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2022 SEP SECRETA	1
	ORLANDO, F	·L_32835			20 ART (\$55	<u> </u>
(b)	Losey PLLC					
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office add	ess:		8	
	1420 Edgewater Drive					
	NEW Registered Office Address:					
	Orlando	32804				
		1				
change agent was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members class of organization or the operating agreement of the last last last last last last last last	te registered liability con s of the limit te limited lia	office and pany, it is led liability bility comp Chris Mill	the business office hereby confirmed t company or as oth- oany.	of the registe hat the change erwise provid	red :(s)
provisi the obl. to merc notified	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a clampe in the registered office address, I fin writing of this change.	e performar led for in CL	ce of my di anter 605	tlies, ànd Lam fam F.S.: Or if this doc	iliar with and oment is bein	accept o filed

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