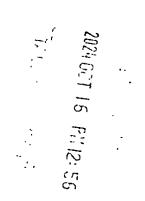






10/16/24--01019--025 **35.00





COVER LETTER

	nendment Section vision of Corporations						
SUBJECT Name of C							
DOCUME	DOCUMENT NUMBER: L23000393454						
The enclosed Statement of Change of Registered Office/agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Ol	LAN S HIGGINBOTHAM						
	ontact Person TONE TREAT LLC						
Firm/Comp 21	oany 107 PARKSIDE PLACE						
Address IN	IDIAN HARBOUR BEACH, FL 329	37					
City/State a	and Zip Code						
	info@tennextaxs						
E-mail add	dress: (to be used for future annual re	port notification)					
For further	information concerning this matter, plea	se cali:					
Ant	hony Francis	at (772) 999-6308 Area Code & Daytime Telephone Number					
	Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.							
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee					
Tallahassee, FL 32314		2.115 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted	tions 607,0502, 617,0502, 607,1508, or 617,1508, Florida Sulfor a corporation organized under the laws of the State of $\frac{1}{2}$ egistered office or registered agent, or both, in the State of Fla	lorida				
1. The name of the corporation:	STONE TREAT LLC					
2. The principal office address:	2107 PARKSIDE PLACE					
2. The principal tribe transmi	INDIAN HARBOUR BEACH, FL 32937					
3. The mailing address (if differe	ent):					
4. Date of incorporation/qualification	ntion:08/21/2023Document number:L230003	193454				
5. The name and street address o Florida Department of State: (f the current registered agent and registered office on file with If resigned, enter resigned)	the				
	HIGGINBOTHAM, OLAN S					
	2107 PARKSIDE PLACE	202				
	INDIAN HARBOUR BEACH, FL 32937	2024 GCT				
6. The name and street address or (if changed):	f the new registered agent (if changed) and /or registered office	5				
	TENNEX TAX SOLUTIONS	5 717				
	1203 US Highway 1	5.5 12: 56				
	P.O Box IsOT acceptable Sebastian, Fl 32958	(
The street address of its register as changed will be identical.	ed office and the street address of the business office of its r	egistered agent.				
	Pesolution duly adopted by its board of directors or by an of corporation has been notified in writing of the change.					
1141112	OLAN S HIGGINBOTHAN	И				
Signatule of all others or direct						
	as registered agent and agree to act in this capacity, in provisions of all stanutes relative to the proper and comply with and accept the obligation of my position as registered of preflect a change in the registered office address, I hereby a writing of this change.	CCM, CH, H HIG				
i mille	→ `10/01/2024					
Signature of Registered A	gent Date					
If signing on behalf of an entity:						
Anthony Francis						
Typed or Printed Name						
	* * * FILING FEE: \$35.00 * * *					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

COVER LETTER

O: Amendment Section Division of Corporations						
SUBJECT: STONE TREAT LLC						
Name of Corporation						
DOCUMENT NUMBER: L23000393454	1					
The enclosed Statement of Change of Registered	Office//sgent and fee are submitted for filing.					
Please return all correspondence concerning this						
Freude fetalis all descapitations and	-					
OLAN S HIGGINBOTHAM						
Name of Contact Person						
STONE TREAT LLC						
Firm/Company 2107 PARKSIDE PLACE						
Address INDIAN HARBOUR BEACH, FL 3	2937					
City/State and Zip Code						
	xsolutions.com					
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, p	lease call:					
Anthony Francis	at (772) 999-6308					
Name of Contact Person	at (<u>772</u>) 999-6308 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the L	Department of State.					
Mailing Address: Amendment Section	Street Address: Amendment Section					
Amendment 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					

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sec statement of change is submitted in order to change its re	for a corporation org	502, 607.1508, or 617.150 ganized under the laws of ti istered agent, or both, in th	he State of Florida			
	የተረጓአነው ተወድልተ					
1. The name of the corporation: _	2107 PARKSIDE	PLACE				
2. The principal office address:						
3. The mailing address (if differe	ent):					
4. Date of incorporation/qualifications	08/21/20	23 Document number	r: <u>L23000393454</u>			
5. The name and street address o Florida Department of State: (f the current registere	d agent and registered offic				
	HIGGINBOTHA	M, OLAN S	2024 OCT			
2107 PARKSIDE PLACE						
2107 PARKSIDE PLACE INDIAN HARBOUR BEACH, FL 32937						
6. The name and street address o (if changed):			•			
	TENNEX TAX SC	LUTIONS	<u> </u>			
	1203 US Highway	Box NOT acceptable				
	Sebastian, Fl 32958	·				
The street address of its register as changed will be identical. Such change was authorized by authorized by the board, or the	red office and the stre Tesolution duly adop Corporation has been	et address of the business ted by its board of directo notitied in writing of the o	office of its registered agent. irs or by an officer so change.			
// #Y///2		OLAN S HIGG				
I hereby accept the appointment of my duties, and I am familiar document is being filed merely is corporation has been notified in	t as registered agent he provisions of all st with and accept the o o reflect a change in	and agree to act in this ca atutes relative to the prop bligation of my position a the registered office addr	sed name and title spacity. ser and complete performance as registered agent. Or, if this ess, I hereby confirm that the			
		10/01/2024				
Signature of Registered A	gent	,	Date			
If signing on behalf of an entity	:					
Anthony Francis						
Typed or Printed Name						

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

November 4, 2024

OLAN S HIGGINGOTHAM 2107 PARKSIDE PLACE INDIAN HARBOUR BEACH, FL 32937

SUBJECT: STONE TREAT LLC Ref. Number: L23000393454

We have received your document for STONE TREAT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 824A00024194

Anissa Butler Regulatory Specialist II

www.sunbiz.org



November 4, 2024

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