Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000146712 3)))



**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

	Add		

## LLC REGISTERED AGENT CHANGE SUCHSTONE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 2 4 2024

## 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 liabil	Stlity company:	ichstone LLC				
2. (a)				(b)			
·	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	09/18/23				438043		-
3.	Date of filing	registration in Fl	lorida	4.	Document number	:r	
5. (a)	RCG ACCOUNTING & A	ASSOCIATES, INC					
	Registered Agent and Registered Agent and Registered STRE	stered Office shown of					
	Registered Office Address	(MUST BE FLO	KIDA STREET A	(DDRESS)			
	SUITÉ 138						
	PEMBROKE PINES		, FL	33024			
(b)	Registered Agents Inc	tered Agent audior 3			<del></del>	2024 200	
	7901 4th St N	<u></u>		William Barrey,		22 22 23	
	NEW Registered Office A	ddress:	•		<del></del>	<u>=</u>	<u>.</u>
	STE 300					<i>ن</i> خ ب	
	St. Petersburg			33702		 	
the chi agent was/w	limited liability compan ange or changes are mad will be identical. Or, in tere authorized by an aff icles of organization or	de, the Florida str the case of a Flo irmative vote of:	cet address of rida limited lia the members o	the registered or bility company f the limited lia	office and the business it is hereby confirmed bility company or as o	office of the regis d that the change(s	tered s)
mel	i wi will see _ independen			Robin Jones			
Signa	sture of a member or authoriz	ed representative of	a member		Printed or typed nam	e of signee	
I here provis the ob to mer notific	by accept the appointm ions of all statutes relat ligations of my position rely reflect a change in t d in writing of this char	ent as registered ive to the proper as registered ag he registered offi ige.	agent and agr and complete ent as provided ice address, I l	ce to act in this performance of I for in Chapter sereby confirm t	capacity. I further ag my duties, and I am fa 605, F.S. Or, if this a that the limited liabilit	ree to comply with miliar with and a locument is being y company has bei	h the ccept filed en
David	! Recens	David Roberts	- Assistant Se	cretary			
Signati	ire of Registered Agent						