## L23000494308

(Requestor's Name)							
(Add	(Address)						
(Address)							
(City.	/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bus	iness Entity Nar	ne)					
·	·	·					
(Doc	ument Number)						
(23)	<b>,</b>						
Certified Conies	Certificates	of Status					
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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J. HORNE JUL 15 2024							
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Office Use Only



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## **COVER LETTER**

TO:		ration Section on of Corporations		
SUBJE		CHANGE OF LLC ADDRESS		
00101	_	1	Name of Limited Lia	bility Company
Dear S	Sir or Ma	adam:		
The en	iclosed I	Registered Agent/Registered	Office Change and fo	ee(s) are submitted for filing.
Please	return a	ill correspondence concerning	this matter to the fo	ollowing:
Harris	Mazhar			
		Name of Person		_
		Firm/Company		_
4573 N	Meyersor	s Place		_
-		Address		
Lake V	Worth FL	. 33463		
		City/State and Zip Cod	e	
Harrist	mazhar1	@gmail.com		
E	E-mail a	ddress: (to be used for future	annual report notific	ation)
For fur	rther inf	ormation concerning this mat	ter, please call:	
Harris	Mazhar		561769001 at (	2
		Name of Person		Area Code & Daytime Telephone Number
	Regis Divis P.O.	ing Address: stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclo	sed is a check for the follow	ing amount:	
	<b>=</b> \$25	5 Filing Fee	<b>□</b> \$5.	5 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.

1. N	name of the limited liability company: H&S Stones		· · · · · · · · · · · · · · · · · · ·			
2. (a)		(	b)			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	4573 Meyerson Place Lake Worth FL 33463		4573 Meye	erson Place Lake Worth FL 33463		
		<del></del>	·			
	10/30/2023		L230004943	308		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	)					
(-,	Registered Agent and Registered Office shown on the records of the seconds of the seconds of the seconds of the seconds of the second of the s	of the Florid	la Dept, of State	- ::		
	Saira Asad, 2568 Quantum Lakes dr boynton beach FL	33426				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			202		
	2568 Quantum Lakes dr			2024 J.T.		
	Boynton Beach	33426		73 - 77		
	Boynton Beach , F	'L		- - -		
(b)				1: 그가 - 변화		
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ddress:	- 5 5		
	4573 Meyerson Place ,Lake Worth FL 33463					
	NEW Registered Office Address:	-				
	Saira Asad , 4573 Meyerson Place ,Lake Worth FL 33463					
	Lake Worth	FL		_		
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the attree of a nember of a	ne register liability co of the lin e limited	ed office and ompany, it is noted liability	I the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in		
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, led in writing of this change.	gree to ac e perform led for in ( l hereby c	t in this capa ance of my a Chapter 605, onfirm that t	wite. I further garee to comply with the		

Signature of Registered Agent