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## LLC REGISTERED AGENT CHANGE STONEPOINT FL, LLC

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To:

## 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.	Νε	une of the limited liability company: STONEPOINT FI	., L.C.	;			· · · · · · · · · · · · · · · · · · ·			
2. (	a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  117 1/2 Bradford St NW Ste 6			(b)					
		Gainesville, GA 30501	Flowery Branch, GA 30542							
		03/16/2021			M2100000.	2996				
3.		Date of filing/registration in Florida	4.	•		Document nu	mber			
5. (	,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State UNIVERSAL REGISTERED AGENTS, INC.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				ale:				
		TALLAHASSEE FL 32304				····	21 1	2024		
(1	o)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  SPI Agent Solutions, Inc.				_	; - 3	2024 JAN 12 PH	123	
		NEW Registered Office Address:				<del></del>	•	2: 40		
		1540 GLENWAY DR				<del></del>		. 5		
		Tallahassee	32301			_				
chan agen was/	ige it v we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	s of the registe bility of the l	he ere coi im:	d office ar inpany, it i ited liabili	nd the business is hereby confir ity company or	office of th	ie registe	ered	
÷-,-,:	Ç.,	at Côtime				Brett Stone	,			
I he prov the o to m notif	rel 1510 bli erc îco	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered affice address. I have the proper and control of this change.	e to o	ict ma i C co	in this cap noe of my hopter 60, nfirm that	Printed or typeo pacity: I further duties, and I at 5. F.S. Or, if the the limited hal	r agree to c	omple w	ith the	