

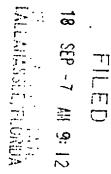
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S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations STONES FOR HOME ENTERPRISES CORP Name of Corporation P16000076696 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: ROBERTA ATTADEMO TOVAR Name of Contact Person ALL QUALITY MARBLE AND GRANITE OF ORLANDO Firm/Company 4190 N ORANGE BLOSSOM TRL ORLANDO, FL 32804 City/State and Zip Code roberta@tbmarblegranite.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 727 512-9758
Area Code & Daytime Telephone Number ROBERTA A TOVAR Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	inge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida	
	,	egistered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Stones for hor	ne enterprises corp	
2. The principal	office address: 11425 66th S	treet N, Suite B - Largo FL 33773	
7 The mailine of	address (if different): 4190 N O	range Blossom Trl	
	der FL 32204		
		,2016 Document number: P16000076696	
5. The name and		ered agent and registered office on file with the	
	Tampa Bay Marble and Granite Custom Countertop Design		
	11425 66th Street N, Suite B - Largo FL 33773		
		<u> </u>	
6. The name and (if changed):	l street address of the new registered	I agent (if changed) and /or registered office	
	Lorrie A Mann	ライス で	
	4190 N Orange Blossom		
	P.O. Box	NOT acceptable	
The street addre	ess of its registered office and the st be identical.	treet address of the business office of its registered agent.	
		opted by its board of directors or by an officer so in notified in writing of the change.	
Laberta Abbadeus tovar F		Roberta A Tovar	
I hereby accepts I further agree to performance of agent. Or, if the	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity.  statutes relative to the proper and complete und accept the obligation of my position as registered oreflect a change in the registered office address. I	
-Envil	26_	09/05/2018	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Lorrie A Ma			
Ty	yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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