

P93000017587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

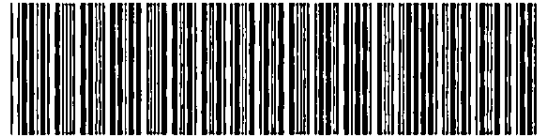
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Change

SEP 03 2021  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 JUL 26 PM 2:37

June 14, 2021

ATTN:CLARA PINKVS  
3330 NW 125 STREET  
MIAMI, FL 33167

SUBJECT: STEHN CO.  
Ref. Number: P93000017587

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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 accordingly.

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.

SASHA B PENNYWELL  
Regulatory Specialist II

Letter Number: 121A00013207

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: STEHN CO.  
Name of Corporation

DOCUMENT NUMBER: P93000017587

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:

CLARA PINKUS  
Name of Contact Person

STEHN CO.  
Firm/Company

3330 NW 125 STREET  
Address

MIAMI FL 33167  
City/State and Zip Code

CPINKUS@hamersmith.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLARA PINKUS at (305) 685-7451 x303  
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  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: STEHN CO

2. The principal office address: 3330 NW 125 STREET, MIAMI, FLORIDA 33167

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: MARCH 9, 1993 Document number: P93000017587

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GREG HERSKOWITZ

9130 S DADELAND BLVD., # 1609, MIAMI, FLORIDA 33156

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BARRY L. SIMONS, ESQ.

9100 S. DADELAND BLVD., # 400, MIAMI, FLORIDA 33156

P.O. Box NOT acceptable

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 JUL 26 PM 1:35

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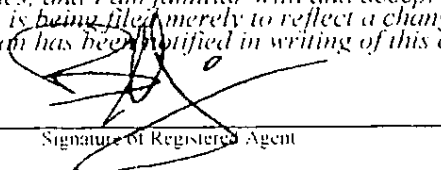
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

STEVEN HAMERSMITH, PSD  
\_\_\_\_\_  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
\_\_\_\_\_  
Signature of Registered Agent

06/30/2021

\_\_\_\_\_  
Date

If signing on behalf of an entity:

BARRY L. SIMONS, ESQ.

\_\_\_\_\_  
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)