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(Requestor's Name)					
(Address)					
(Address)					
(Cit	ry/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
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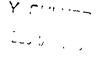


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SECRETARY OF STATE TALL AHASSEE, FLORIDA

FILED



COVER LETTER

_	sion of Corporations			
SUBJECT:	Still Waters Florida 2, LLC			
Sobsher.	Name of Limited Liability Company			
Dear Sir or i	Madam:			
The enclosed	d Registered Agent/Registered Offic	re Change and fe	e(s) are submitted for filing.	
Please returi	all correspondence concerning this	s matter to the fo	llowing:	
Jeff Keller	an			
	Name of Person			
Still Water	rs Florida 2, LLC Firm/Company			
20542 NE				
	Address			
Sammami	sh, WA 98074			
	City/State and Zip Code			
jeff.kellera	n@hotmail.com			
E-mail	address: (to be used for future annu	al report notifica	tion)	
For further in	nformation concerning this matter, p	olease call:		
Jeff Kellera		425 _ at (301-2206	
	Name of Person	4	Area Code & Daytime Telephone Number	
Regi Divi Clift 2661	stration Section sion of Corporations on Building Executive Center Circle phassee, Florida 32301	Regis Divis P.O. I	tration Section ion of Corporations Box 6327 nassee, Florida 32314	
Enclosed is a check for the following amount:				
2 1 \$3	25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy	

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. Na	ame of the limited liability company:	orida 2,	LLC	
2. (a)		(b)		
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
	20542 NE 26th St		same	
	Sammamish, WA 98074			
	9/30/16	L	.160001	82532
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CITRAVEST MANAGEMENT, LLC			
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of Sta	te:
	140 Island Way, Suite #113			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		_
				20
	Clearwater . FL	33767		FIL 2019 NOV -7 ALI AHASSI
(b)	Real Property Management South Orlando			TARY ASSE
(**)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	<u>ress</u> :	T 및목 포
	5728 Major Blvd			F STATE FLORIDA
	NEW Registered Office Address:			_
	Suite 710			_
	Orlando .FL	32819		
the cha agent was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regist bility cor f the limit limited lis	ered offic npany, it ted liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Sign	pre pl a member or authorized representative of a member	Printed or typed name of signee		
There provisi the obi to mer	by accept the appointment as registered agent and agrains of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I have in writing of this change.	ee to act i performa I for in Ci iereby coi	n this cap uce of my hapter 60 ufirm thai	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
Signatu	Stephen J Rock (Director/RPM Stephen J Rock (South Orlan	do)	