

A0500000002y

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700163649147

12/18/09--01028--003 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 18 PM 12:01

T. HAMPTON

DEC 21 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stokes Land Group, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A05000000024

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mallory Gayle Holm
Contact Person
SLG Management Services, LLC
Firm/Company
4315 Pablo Oaks Ct
Address
Jacksonville, FL 32224
City, State and Zip Code
mgholm@stokeslandgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mallory Gayle Holm at (904) 482-1144
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Stokes Land Group, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. December 30, 2004 3. A05000000024
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System
Name
1200 South Pine Island Road- Team 1
Address
Plantation, FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

SLG Management Services, LLC
Name
4315 Pablo Oaks Ct
Florida street address (P.O. Box not acceptable)
Jacksonville FL 32224
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

~~Stokes~~ SLG GP LLC
By: Melroy Gabe Nolen, Vice President
Signature of General Partner

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 obligations of my position as registered agent.

SLG Management Services, LLC By: Melroy Gabe Nolen
Signature of Registered Agent Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
09 DEC 18 PM 12:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS