

AD100001383

(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



000328542420

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2019 APR 29 A 1:58

FILED

RECEIVED
19 APR 29 AM 11:24
DIVISION OF CORPORATIONS
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

4/30/19 OS

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 4/29/2019

Acc#I20160000072

W: L SW

Name:	STANLEY PARTNERS, LLLP
Document #:	
Order #:	11637698

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 35.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stanley Partners, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A07000001383

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:

Susan Stanley Taylor
Contact Person
Stanley Partners, LLLP
Firm/Company
1350 N. Orange Avenue, Box 229
Address
Winter Park, FL 32789
City, State and Zip Code
100stanley@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Stanley Taylor at (276) 673-7300
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

FILED
2013 APR 29 A 1:58
TALLAHASSEE, FLORIDA

**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. Stanley Partners, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/17/2007 3. A07000001383
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:

RAX Co.
Name
50 North Laura Street, Suite 3300
Address
Jacksonville, FL 32202
City, State and Zip

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

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation FL 33324
City, State and Zip

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

Susan Stanley Taylor
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.

Madonna Cuddihy
Signature of Registered Agent

Madonna Cuddihy
Assistant Secretary

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

2018 APR 29 A 1:58
FILED
TALLAHASSEE, FLORIDA