

1/23/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STOKESVILLE FAMILY LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A09000000029

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:

DENNIS L. BLACKBURN

Contact Person

BLACKBURN & COMPANY, LC

Firm/Company

5150 BELFORT RD. SO., BLDG. 500

Address

JACKSONVILLE, FL 32256

City, State and Zip Code

KATHY.MEREDITH@CNDTRUCKING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS BLACKBURN

at (904) 296-7713

Name of Contact Person

Area Code and Daytime Telephone Number

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

Mailing Address:

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

Street Address:

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

**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. STOKESVILLE FAMILY, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/09/2009

Date of filing/registration in Florida

3. A09000000029

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:

KAY B. STOKES

Name

3998 C.R. 119

Address

BRYCEVILLE, FL 32009

City, State and Zip

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

MICHAEL H. STOKES

Name

3998 C.R. 119

Florida street address (P.O. Box not acceptable)

BRYCEVILLE FL. 32009

City, State and Zip

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



Signature of General Partner Michael H. Stokes, President
of Harold & Kay Stokes, Inc., 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.



Signature of Registered Agent Michael H. Stokes

Filing Fee: **\$35.00**

Certified Copy (optional): **\$52.50**

SECRETARY OF STATE
TALLAHASSEE, FL

2022 OCT 24 PM 5:06

FILED