L04000088621

(Requestor's Name)						
(Address)						
(Ac	ldress)					
•	,					
(C)	hulState /7in/Dhan	o 40				
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
•						
(Bu	siness Entity Nar	ne)				
	04-8					
(Do	ocument Number)					
Certified Copies	_ Certificates	s of Status				
	rill men					
Special Instructions to	Filing Officer:					
!						
						





700179248807

05/03/10--01033--019 **25.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2010

MARK STILLMAN PO BOX 24867 JACKSONVILLE, FL 32241-4867

SUBJECT: ACCENT DEVELOPMENT GROUP, LLC

Ref. Number: L04000088621

We have received your document for ACCENT DEVELOPMENT GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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) 245-6067.

Letter Number: 010A00011094

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: 'Registration Section Division of Corporations					
SUBJECT:	Accent Deve	lopment Group, LLC			
Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		Mark Stillman			
Name of Person					
		РО Вох			
Address					
	Ja	acksonville Florida 322			
		City/State and Zip Code			
	A	ccentdev@gmail.com (to be used for future annual report notifica			
~			non)		
For further information	concerning this matter, please of	call:			
		; at ()			
Name	of Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for	_				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 MAY 13 AM 8: 40

SECRETARY OF STATE.

ds.)

Accer (Name of the Limited) (A	nt Developm Liability Compar	ent Group, Ll	on our records.)	HASSEE, FLORIDA	
(A	riorida Limited L	lability Company)		тиод:	
The Articles of Organization for this Limited Lie	were filed on	12/8/2004	and assigned		
Florida document numberL0400088	621				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Compar	y," the designation "L	.LC" or the abbreviation	
Enter new principal offices address, if applicable:		11910 Hood Landing Rd			
(Principal office address MUST BE A STREET ADDRESS)		Jacksonville Florida 32258			
			·		
Enter new mailing address, if applicable:		PO Box 24867			
(Mailing address MAY BE A POST OFFICE BOX)		Jacksonville Florida 32241-4867			
B. If amending the registered agent and/or registered agent and/or the new registered offi			ır records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	M. Mark Stillman				
New Registered Office Address:	PO Box 248	11110	Hood Landis	Less per	
		Ente	r Florida street addi	39928	
	Ja	cksonville	, Florida	82241-4867	
		City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action MGR Mark Stillman 2717 Christopher Creek Rd ☐ Add

✓ Remove Jacksonville Florida 32217 M. Mark Stillman MGMR PO Box 24867 ✓ Add Jacksonville Florida 32241-4867 Remove MGR Malie Hammond PO Box 24867 ✓ Add Jacksonville Florida 32241-4867 ☐ Remove ∏ Add Remove □Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 . Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00