

L09000034977

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(Address)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY 12 PM 3:43

M. MILLIGAN

MAY 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STUART WOODS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Karen Copeland

Name of Person

Stuart Woods

Firm/Company

PO Box 869

Address

Tesuque, NM 87574

City/State and Zip Code

Karen@stuartwoods.com

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

For further information concerning this matter, please call:

Karen Copeland

505

820-7988

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$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.

STUART WOODS, LLC

1. Name of the limited liability company: STUART WOODS, LLC
2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*
910 Watson Street
Key West, FL 33040
- (b) Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*
C/O MARCUM LLP
750 Third Ave 11th Fl
New York, NY 10017 US
3. 04/10/2009 4. L09000034977
Date of filing/registration in Florida Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Woods, Stuart

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1011 South Street
Key West 33040
, FL

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Woods, Stuart

NEW Registered Office Address:
910 Watson Street

Key West 33040
, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Stuart Woods

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 605, 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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
17 MAY 12 PM 3:43