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T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Stillwater Partners 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:
Lisa Luscko Name of Person
Stillwater Partners 11c
70009 Prosperity Circle
Savasota, F2 34238  City/State and Zip Code
1/UScko 1013 @ hotmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lisa Luscko at 941 993 – 5472  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 \$\times \text{Certified Copy}\$

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

.508, Florida Statutes, the undersigned limited der to change its registered office or registered
Muater Partners LLC
ny: 7009 Prosperity
Sarasota, FL
Same as above
L09000/09/66
4. Document number
the records of the Florida Dept. of State:
Ronald Palmieri
4862 Sabal Lake Ci Sarasota, FL
W Registered Office address:  Lisa Luscko  7009 Prosperity Circle  Satasota FL 34231
alaws of the State of Florida, it is hereby Florida street address of the registered office office. Or, in the case of a Florida finited of so was/were authorized by an affirmative flote erwise provided in the articles of organization by.  20 OFFICE OFFICE OF STATE OF STAT

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