

L10000019132

(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:

A. LUNT
JUN 11 2010
EXAMINER

Office Use Only



000180955620

06/10/10--01008--012 **50.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN 10 PM 3:26

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stillwell Law Firm 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:

Earl Lynn Stillwell
Name of Person

Stillwell Law Firm LLC
Firm/Company

1144 W. Nine Mile Road #B
Address

Pensacola FL 32534
City/State and Zip Code

ninemilelaw@gmail.com
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2010 JUN 10 PM 3:26

FILED

For further information concerning this matter, please call:

E. Stillwell at (850) 208-3533
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 608.416 or 608.508, 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.

1. Name of the limited liability company: Stillwell Law Firm LLC

2. (a) Principal office address of limited liability company: 1144 W. Nine Road
☒ (Note: **MUST BE STREET ADDRESS**) Suite B, Pensacola, FL 32534

(b) Mailing address of limited liability company:
☒ (Note: **MAY BE POST OFFICE BOX**) 1144 W. Nine Mile Rd
Suite B Pensacola FL 32534
L10000019132

3. Date of filing/registration in Florida 2-18-10

4. Document number

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

Registered Agent:

Earl Lynn Stillwell

Registered Office Address:

11602 Twin Pines
Pantherment FL
32533

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

NEW Registered Agent:

Earl Lynn Stillwell

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1144 W. Nine Mile Rd
#B
Pensacola, FL 32534

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.

Earl Lynn Stillwell
Signature of a member or authorized representative of a member

Earl Lynn Stillwell
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 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.

Earl Lynn Stillwell
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
JUN 10 PM 3:28
TALLAHASSEE, FLORIDA
DIVISION OF STATE CORP. AFFAIRS