

41000082168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

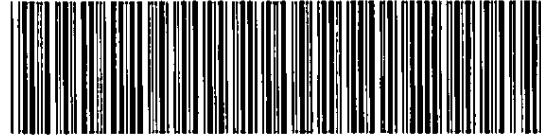
(Business Entity Name)

(Document Number)

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2018 NOV -2 PM 11:38

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2018

KATHY MORO  
7805 SW 6TH COURT  
PLANTATION, FL 33324

SUBJECT: STILES MILLER, LLC  
Ref. Number: L11000082168

We have received your document for STILES MILLER, 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):

Please print or type name of signee.

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 118A00021328

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OCT 18 2018  
11:38 AM

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stiles Miller, 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:

Kathy Moro

Name of Person

Frank Weinberg Black, P.L.

Firm/Company

7805 SW 6th Court

Address

Plantation, FL 33324

City/State and Zip Code

Lynda.Watkins@Stiles.com KMoro@fwblaw.net

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

For further information concerning this matter, please call:

Lynda Watkins at ( 954 ) 627-9350  
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

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**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.

1. Name of the limited liability company: Stiles Miller, LLC

2. (a) ATTN: Lynda Watkins

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

301 E LAS OLAS BLVD

FT. LAUDERDALE, FL 33301

07/15/2011

3. Date of filing/registration in Florida

(b) SAME

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

L11000082168

4. Document number

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

1201 HAYS STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

(b) FRANK WEINBERG & BLACK P.L.

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

7805 SW 6th Court

**NEW** Registered Office Address:

C/O DAVID BLACK, ESQ.

PLANTATION, FL 33324

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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.

[Signature]  
Signature of a member or authorized representative of a member

ROBERT ESPOSITO VP  
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]  
Signature of Registered Agent

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