## U30001115A

(Re	equestor's Name)			
(Ac	ldress)	<u> </u>		
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R. WHITE



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DEPARTMENT OF STATE
DIVISION OF CURPORATIONS
TALL ANASSES OF ORIONS

June 18, 2014

STEVEN H LANDOLL 40 LITTLE BAY HARBOR DR PONTE VEDRA BEACH, FL 32082

SUBJECT: STELLAR SUCCESSFUL SOLUTIONS LLC.

Ref. Number: L13000074152

We have received your document for STELLAR SUCCESSFUL SOLUTIONS LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 614A00013223

## **COVER LETTER**

Name of Limited Liability Company

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

TO:

Dear Sir or Madam:

Registration Section Division of Corporations

Please return all correspondence concerning this matter	er to the following:			
STEWEN H. LANDOLL				
Name of Person				
STELLAR SUCCESSFUL -	SOLUTIONS, LLC			
40 LITTLE BAY HARBON	RDR.			
PONTE VEDRA BEACH				
SLANDOLL 1 @ COMCAST. NET				
E-mail address: (to be used for future annual rep				
For further information concerning this matter, please	e call:			
STEVEN LANDOLL at 904, 233-6888				
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			
INHS18 (2/14) ALREADY PAID				
\$35,00				
\$35,00 (PLEASE SEE ATTACHE)	u			

## 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. Na	ame of the limited liability company: 572LLAR	SUCCESSFUL SOLUTIONS	5, UC
	40 LITTEE BAY HARBORDR.	(b) STELLAR SUCCESSFUL	SOLUTION
	Principal office address of limited liability company:	Mailing address of limited liabil	
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFF	
	HONTE VEDRA DEACH	40 LITTLE BAY HA	ROOK DR
	FLORIDA 32082	PONTE VEDRA BE	ACH, FL
	MAY 21,2013	L1300007415Z	37082
3.	Date of filing/registration in Florida	4. Document number	
	UNITED STATES CARDRATION.		
5. (a)		- · · · · · · · · · · · · · · · · · · ·	
	Registered Agent and Registered Office shown on the records of the	e Florida Dept, of State:	
	Registered Office Address (MUST BE FLORIDA STREET AD	ODRESS)	
	1330Z WINDING OAKS CT.	3011CA : 整	
	TAMON	A 33612	·
	171/1/ A ,FL_	77 5	= :
(b)	STEVEN H. LANDOLL	### ##################################	Gr (Tr
( )	Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:	
	40 LITTLE BAY HARBOR	DR.	S S
	NEW Registered Office Address:	<del></del>	යා
	PONTE VEDRA BEACH II	<i>32</i> 082	
	TONIE VEDRA DOTCH, FL	<u> </u>	
If the 1	limited liability company is not organized under the laws	of the State of Florida, it is hereby confirm	ed that after
the cha	ange or changes are made, the Florida street address of the	he registered office and the business office of	of the registered
agent v	will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of	the limited liability company or as otherwise	e change(s) e provided in
the art	ticles of organization or the operating agreement of the li	mited liability company.	
	Mall	STEVEN H. LANDOL	_
Signa	ature of a number or authorized representative of a member	Printed or typed name of signo	
I here	eby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to c	omply with the
provisi the obt	tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided	erformance of my duties, and I am familiar i for in Chapter 605, F.S. Or, if this documer	with and accept it is being filed
to mer	eby accept the appointment as registered agent and agrections of all statutes relative to the proper and complete publications of my position as registered agent as provided rely reflect a change in the registered office address, I he did now it in graphs change.	ereby confirm that the limited liability compo	any has been
mayic	LY/KeV		
Signatu	ure of Reginered Agent		

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