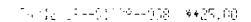
## L150000 H5897

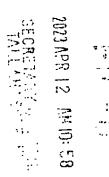
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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## COVER LETTER

Division of Corporations Stillwater Trading Company, LLC					
SUBJECT:	 of Limited	I Liability Company			
Dear Sir or Madam:					
	Chanca	and Exaces are submitted for tiling			
The enclosed Registered Agent/Registered Office	Change a	nd rec(s) are submitted for thing.			
Please return all correspondence concerning this n	natter to th	he following:			
Ted W. Weeks IV, Esq.					
Name of Person					
Ted W. Weeks IV, P.A.					
Firm/Company	-				
402 S. Kentucky Ave., Suite 350		SECRE TALL TO			
Address		72			
Lakeland, FL 33801					
City/State and Zip Code					
stillwatertradingcompany@gmail.com		•			
E-mail address: (to be used for future annual	report no	tification)			
For further information concerning this matter, ple	rase call:				
Ted W. Weeks IV	863 at (	802-5000			
Name of Person		Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following am	iount:				
S25 Filing Fee		☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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	ime of the limited liability company:  STILLWATER TR	RADI	NG	COMPAN	Y, LLC			
2. (a)	175 PAGE ROAD		(b)	175 PAC	GE ROAD			
` `	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-)		Mailing address (Note: MAY)		•	
	FT. MEADE, FL 33841	<b>→</b>		FT. MEA	ADE, FL 33841		<del></del> _	
	03/13/2015	_	I		 5897			
<b>)</b> .	Date of filing/registration in Florida	4	_		Document nu	ımber		<del>-</del>
i. (a)	TED W WEEKS IV PA							
, (a)	Registered Agent and Registered Office shown on the records of the	he Flo	rida	Dept. of Su	ate:			
	2117 HARDEN BLVD.							
	Registered Office Address (MUST BE FLORIDA STREET A	DDRI	ESS)					
	LAKELAND , FL	33803	3		<del>-</del>	100 X X X X X X X X X X X X X X X X X X	2023 APR 12	77. 49 5 d 7 m 7 m
(b)	Enter name of NEW Registered Agent and/or NEW Registered (			PACC.	_	; ;		···.
	402 S. KENTUCKY AVE., SUITE 350			<u> </u>			RV 10: 5	ر
	NEW Registered Office Address:				_	• ••	ထ	
	LAKELAND .FL	33801	<del>,</del> _					
hange gent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere authorized.	s of t regist pility the l imite	he Serec con limited lia	l office ar ipany, it ied liabili	nd the business is hereby confi ity company or mpany.	office of rmed that	the reg	gistered ange(s)
Signat	sure of member or authorized representative of a member	_			Printed or types	d name of si	ignee	
rovisi he obl o merc	by accept the appointment as registered agent and agresions of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I he is writing of this change.	e to a erfor for it ereby	act i mai n Cl r coi	n this cap ice of my iapter 60, ifirm that	pacity. I furthe duties, and I a 15, F.S. Or, if th the limited lia	r agree te m familia his docun bility com	compler with a nent is t neary h	y with the and accep being filed as been

Signature of Registered Agent