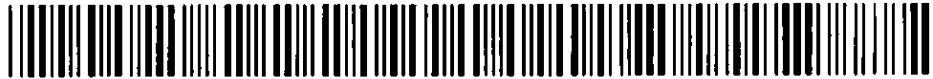


L16000149052

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H23000296261 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: corporate@zkslawfirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STAFFORD POINT GP, LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

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TALLAHASSEE, FL

2023 AUG 25 AM 9:12

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AUG 29 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAFFORD POINT GP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy E. Jellicorse, Esq.

Name of Person

Zimmerman Kiser Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, Florida 32801

City/State and Zip Code

jlagmay@wendovergroup.com

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

For further information concerning this matter, please call:

Amy Jellicorse

407

425-7010

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL

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August 27, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

STAFFORD POINT GP, LLC
1105 KENSINGTON PARK DRIVE, SUITE 200
ALTAMONTE SPRINGS, FL 32714

SUBJECT: STAFFORD POINT GP, LLC
REF: L16000149082

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY FAX Aud. #: H23000296261
Regulatory Specialist II Supervisor Letter Number: 423A00020013
Registration Section

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Jonathan and Nancy Wolf Family Trust I, dated August 6, 2018	1105 Kensington Park Dr.	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Altamonte Springs, Florida 32714	<input type="checkbox"/> Change
MBR	Jeffrey B Sharkey	1105 Kensington Park Dr.	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Altamonte Springs, Florida 32714	<input type="checkbox"/> Change
MBR	Jonathan L. Wolf 2023 Irrevocable Grantor Trust	1105 Kensington Park Dr.	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Altamonte Springs, Florida 32714	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 24, 2023

Signature of a member or authorized representative of a member

Jonathan Wolf, Manager

Typed or printed name of signee