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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations								
SUBJECT: Stillwater S	Development and Home Service LLC Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Re	gistered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:								
Justin Gunger Name of I	Person							
Stillwater Developm Firm/Com	ent and Home Service LLC							
2100810 Little John Address	C+ #+73							
Bonita Springs, FL City/State and	34135 Zip Code							
E-mail address: (to be used for	r future annual report notification)							
For further information concerning	this matter, please call:							
Justin Gurger Name of Person	at (_239) <u>&77-5636</u> Area Code & Daytime Telephone Number							
Mailing Address: Registration Section Division of Corporation 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 t	e 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 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	me of the limited liability com	pany: Stillwater [Develo	pment	and Hom	e Sei	wice	ЦС
2. ((a)	7 Lele 8 Lo Li Hle John Principal office address of lin (Note: MUST BE ST)	nited liability company:	_ (b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Bonita Springs,	FL 34135	- ·					
3.		10/11/2022 Date of filing/registra	tion in Florida	4.		0222187 Document nur	ıber		
5.	(a)		See shown on the records of th	e Florida L	Ocpt. of State	• ::			
		Registered Office Address (MUS) 26086 Little	T BE FLORIDA STREET AL	DDRESS)		-	0 1 K.	2072 OCT	
		Bonita Springs Arianne Ribera		341	35		ALTAHASAL COL	7	4 2 E
((b)	Hrianne Pibera Enter name of NEW Registered Ago	ent and/or NEW Registered C	Office addr	ress:	-		PM 12: 57	
		NEW Registered Office Address:							
			. FL_			-			
cha age was	nge nt w s/wc	mited liability company is not or changes are made, the Florivill be identical. Or, in the case re authorized by an affirmative clessof organization or the oper	da street address of the re of a Florida limited liab vote of the members of	egistered ility com the limit mited lia	office and pany, it is ed liability bility com	I the business of hereby confirm or as pany.	office of ned that s others	the reg t the ch wise pro	gistered ange(s)
	_	ure of a member or authorized repres				Gunger Printed or typed r		_	
pro the to n	visie obli nere	y accept the appointment as re ons of all statutes relative to the gations of my position as regis ly reflect a change in the regis in writing of this change.	gistered agent and agree e proper and complete pe tered agent as provided j tered office address, I he	e to act in erforman for in Ch reby con	n this capa ce of my a apter 605, firm that t	city. I further a luties, and I am F.S. Or, if thi. he limited liabi	agree to familia s docur lity con	o compl ar with nent is l npany h	ly with the and accept being filed as been

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

Hrianne Ribera

Signature of Registered Agent