

L18000082934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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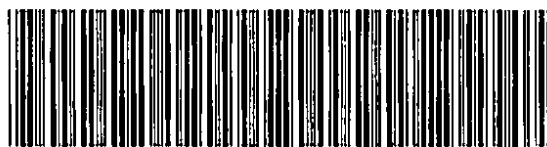
(Business Entity Name)

(Document Number)

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2019 APR 12 AM 8:38

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APR 13 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Swamp Stalker 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:

Kayla Waltz
Name of Person

Swamp Stalker
Firm/Company

PO Box 1052
Address

Bartow, FL 33831
City/State and Zip Code

swampstalker@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kayla Waltz at (863) 585-0110
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2019

KAYLA WALTZ
SWAMP STALKER LLC
P.O. BOX 1052
BARTOW, FL 33831

SUBJECT: SWAMP STALKER. LLC
Ref. Number: L18000082934

We have received your document for SWAMP STALKER. 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):

The registered agent must sign accepting the designation.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 119A00005560

RECEIVED
2019 APR 12 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FL

**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: Swamp Stalker, LLC

2. (a) 3520 E. Gaskins Rd (b) PO Box 1052

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Lot 21
Bartow, FL 33830 Bartow, FL 33831

3. 4/2/18 Date of filing/registration in Florida 4. 418000082934 Document number

5. (a) Connie Brookes
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

465 E. Main St
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Bartow, FL 33830

(b) Ryan Waltz
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3520 E. Gaskins Rd Lot #21
NEW Registered Office Address:

Bartow, FL 33830

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

Kayla Waltz
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