

L19 000008249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

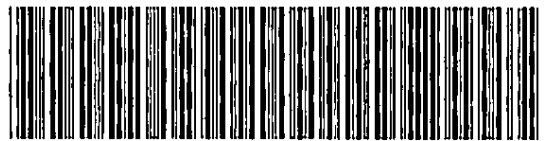
Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

owes \$ 2.50 for Cert.

Office Use Only



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04/26/19--01022--028 **52.50

S. TALLENT

MAY 21 2019

2019 MAY 20 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

R/A-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2019

JAMES WILSON
STILL LIFE ORGANICS
769 W DEVONHURST LANE
PONTE VEDRA, FL 32081

SUBJECT: STILL LIFE ORGANICS LLC
Ref. Number: L19000008249

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

IF YOU WOULD LIKE TO OBTAIN A CERTIFIED COPY, AN ADDITIONAL FEE OF \$2.50 IS STILL DUE.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 019A00009436

2019 MAY 20 PM 4:46
RECEIVED
TALLANT, SUSAN

TO WHOM IT MAY CONCERN,

IN THE LETTER WE ARE SENDING YOU, IT STATES THAT WE HAVE TO CHECK BOXES FOR PAYMENT.

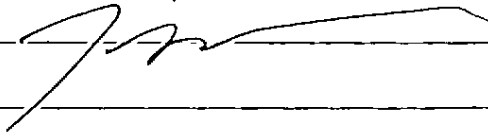
WE HAVE ALREADY PAID AS YOUR COVER LETTER DENOTES. BELOW IS THE CHECK #, DATE AND AMOUNT OF THE CHECK YOU HAVE ALREADY CASHED

CHECK # : 1026

DATE : 4/30/19

AMOUNT : \$52.50

THANK YOU

A handwritten signature in black ink, appearing to be 'Jm' followed by a long horizontal stroke.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STILL LIFE ORGANICS 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:

James Wilson
Name of Person

Still Life Organics LLC
Firm/Company

769 W Devonhurst LN
Address

Ponte Vedra, FL 32081
City/State and Zip Code

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

For further information concerning this matter, please call:

James Wilson at (904) 923-1661
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

**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: STILL LIFE ORGANICS LLC
2. (a) 769 W Devonhurst Ln (b) 111 Market side Ave
Principal office address of limited liability company: Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Ponte Vedra, FL 32081 PO Box 211
17/19 Ponte Vedra, FL 32081
65-8 017748950-2

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

5. (a) Jason Lesko L19000008249
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

830-13 AIA N^{#519} Ponte Vedra^{BCA}, FL 32082
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) James Wilson
Enter name of NEW Registered Agent and/or NEW Registered Office address:

769 W Devonhurst Ln
Ponte Vedra, FL 32081
Ponte Vedra, FL 32081

FILED
2019 MAY 20 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FL

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] James H Wilson LLC
Signature of a member or authorized representative of a member 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