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COVER LETTER

то:	Registration Section Division of Corporations							
SUBJE	Stillwood RE Investments, LLC							
Name of Limited Liability Company								
Dear Si	ir or Madam:							
The end	closed Registered Agent/Registered Office C	hange and fe	e(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:								
Scott	Sampsel							
	Name of Person		•					
Stillwood RE Investments, LLC								
	Firm/Company		•					
501 N Orlando Ave Suite #313-331								
	Address							
Winte	er Park, FL 32789							
	City/State and Zip Code							
scott@	@turnkeypropertyinc.com							
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Scott	Sampsela	321	299-6137					
	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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314					
	Enclosed is a check for the following amount:							
	☑ \$25 Filing Fee	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.

i.	Name of the limited liability company:	illwood RE	Investi	ments, L	.LC 	
2. (a	a)		_ (b)	Mailing address of limi	
	Principal office address of limited liability (Note: MUST BE STREET ADD.				Mailing address of limi (Note: MAY BE PO	
	1450 Valkaria Road			1450	Valkaria Road	
	Malabar, FL 32950			Malab	ar, FL 32950	
	May 13, 2019			L19000)128880	
3.	Date of filing/registration in Flo	orida	- 4.		Document numbe	r
5. ((a)					
• (Registered Agent and Registered Office shown o	n the records of	the Florid	a Dept. of S	State:	
	Richard Liberatore					2019
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				ÇD C	
	1450 Valkaria Road		_			
	Malabar	FI	32950			
		, • -	' 		<u> </u>	
(t	Scott Sampsel				ಮೆ	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				20	
	501 N Orlando Ave					
	NEW Registered Office Address:					
	Suite #313-331				_	
	Winter Park		22780			
	Winter Park	, FL	<u> </u>			
the cagent agent was/	change or changes are made, the Florida street will be identical. Or, in the case of a Florida reactive authorized by an affirmative vote of the operating agreement.	eet address of ida limited lia he members o	the reginability confirmated	stered off ompany, i nited liabi liability c	ice and the business of t is hereby confirmed lity company or as of	office of the registered that the change(s)
Sign	mature of a member or authorized representative of a	member		naiu Lit	Printed or typed name	of signee
I her provi the o to me notifi	reby accept the appointment as registered a isions of all statutes relative to the proper a obligations of my position as registered age erely reflect a change in the registered officing in writing of this change.	want and aco	ve to ac perform I for in (iereby c	t in this co ance of n Chapter 6 onfirm th	anasita I fauthan acu	ma ta aamala saith tha