

L22000300111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

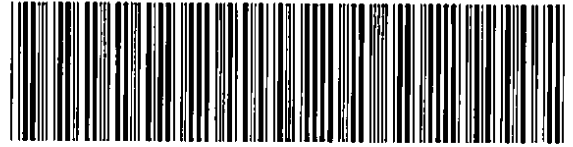
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2023 SEP - 1 AM 9:40
TALLAHASSEE, FLORIDA

RECEIVED
2023 SEP - 1 AM 10:02
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 9/1/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1175899

ORDER ENTITY
STNL DEAN STILL, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
STNL DEAN STILL, LLC (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized
Email address for annual report reminders: lbuis@spinationwide.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: STNL DEAN STILL, LLC
2. The principal office address: 8150 CORPORATE PARK DRIVE, SUITE 110,
CINCINNATI, OH 45242
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/05/2022 Document number: L22000300111
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

UNIVERSAL REGISTERED AGENTS, INC.

1317 CALIFORNIA STREET

TALLAHASSEE, FL 32304

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SPI Agent Solutions, Inc.

1540 GLENWAY DR, Tallahassee, FL 32301

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Bryan L. Kelly
Signature of an officer or director

BRYAN L. KELLY, COO
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Shirley J. Bass
Signature of Registered Agent

8/31/2023

Date

If signing on behalf of an entity:

SPI Agent Solutions, Inc.

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)