

L23000258572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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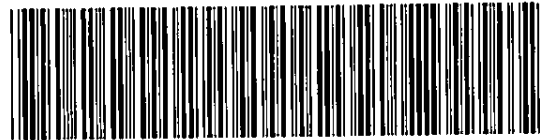
(Business Entity Name)

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**DATE: 04/26/2024**

**NAME: STL ADVISORS, LLC**

**TYPE OF FILING: CHANGE OF REGISTERED AGENT**

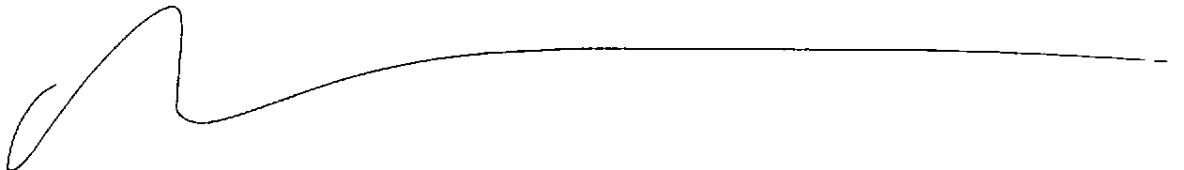
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**COVER LETTER**

**TÖ:** Registration Section  
Division of Corporations

**SUBJECT:** STL ADVISORS, 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:

Samuel Schwartz

\_\_\_\_\_  
Name of Person

STL Advisors, LLC

\_\_\_\_\_  
Firm/Company

1125 NE 125TH STREET, SUITE 303

\_\_\_\_\_  
Address

MIAMI, FL 33161

\_\_\_\_\_  
City/State and Zip Code

Sam@stl-advisors.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Schwartz

773

750-3320

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
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 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: STL ADVISORS, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

4200 NW 7TH AVE

MIAMI, FL 33127

Mailing address of limited liability company:

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

4200 NW 7TH AVE

MIAMI, FL 33127

08/08/2023

L23000258572

3. Date of filing/registration in Florida

4. Document number

5. (a) SCHWARTZ, SAMUEL

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1125 NE 125TH STREET, SUITE 303, NORTH MIAMI, FL 33161

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1125 NE 125TH STREET, SUITE 303

NORTH MIAMI, FL 33161

(b) \_\_\_\_\_

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

SCHWARTZ, SAMUEL

**NEW** Registered Office Address:

4200 NW 7TH AVE

MIAMI, FL 33127

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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.

Max Loria

Max Loria

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Samuel Schwartz

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00