

M10000003887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

and Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800400726568

FILED


2023 JAN 18 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FL



15 JAN 11:23

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 382217 4347508
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : January 17, 2023

ORDER TIME : 9:08 AM

ORDER NO. : 382217-005

CUSTOMER NO: 4347508

FOREIGN FILINGS

NAME: STILLWATER PRESERVE
DEVELOPMENT, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX ____ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2023

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: STILLWATER PRESERVE DEVELOPMENT, LLC
Ref. Number: M10000003887

We have received your document for STILLWATER PRESERVE DEVELOPMENT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the Registered Agent is not correct.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 823A00001308

RECEIVED
2023 JAN 19 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Stillwater Preserve Development LLC

Enter new principal office address, if applicable: 500 Skokie Blvd, Suite 444

(Principal office address

MUST BE A STREET ADDRESS)

Northbrook, IL 60062

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

500 Skokie Blvd, Suite 444

Northbrook, IL 60062

2. The Florida document number of this limited liability company is: M10000003887

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 9/1/2010

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee

Florida 32301

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

Alexis Weibnd, assistant vice president

If Changing Registered Agent, Signature of New Registered Agent

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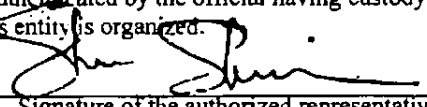
SECRETARY OF STATE
TALLAHASSEE, FL

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Lone Windmill LLC	500 Skokie Blvd Ste 444	<input checked="" type="checkbox"/> Add
		Northbrook IL 60062	<input type="checkbox"/> Remove
	Precourt III, Walter F.		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
	Isaacson, Mark J		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
	Ricard, Corrine D		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
	Pratt, Benjamin		<input type="checkbox"/> Add
	Azie, Okechukwu ("OK") E		<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Steven K. Skinner

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE FL