## 06000051184

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| (City)                                  | /State/Zip/Phon | e #) |
| PICK-UP                                 | ☐ WAIT          | MAIL |
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| Certified Copies Certificates of Status |                 |      |
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| Special Instructions to Filing Officer: |                 |      |
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: STL ENTERPRISES, INC   |
|---|
| (Name of Corporation)   |
| DOCUMENT NUMBER: P06000051184   |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.     |
| Please return all correspondence concerning this matter to the following:                         |
| Charma Miral da a   |
| Sherry Winkter (Name of Contact Person)   |
| ( value of contact to both)   |
| STL ENTERPRISES, INC  |
| (Firm/Company)  |
| 55 Avenue E   |
| (Address)   |
| Apalachicola, FL 32320  |
| (City/State and Zip Code)   |
| For further information concerning this matter, please call:                                      |
| Sherry Winkter at (850) 653-1234  (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to the Department of State.                              |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## . 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: STL ENTERPRISES, INC  |
| 2. The principal office address: 200 Reid Ave   |
| PORT ST. JOE, FLA 32456   |
| 3. The mailing address (if different): 55 Ave E   |
| - Apalachicola, FCA-32320   |
| 4. Date of incorporation/qualification: 5/11/06 Document number: P06 0000 51184   |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |
| JAMES R. HIDLE  |
| 408 CONE ADENAG 1207 B DRAKE AVE  |
| PORT ST. FOF, FLA 32456 PANAMACITY BEACH  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| J. PATRICK FLOYD  |
| 408 LONG AUR  |
| PORT ST. JOE, FLA. 32456  |
| 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.  |
| (Spentire of an officer or director)  William L. Eaton Tresident (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. |
| Yahred Hongel (Signature of Registered Agent)  11/16/06 (Date)  |
| If signing on behalf of an entity:  |
| (Typed or Printed Name)   |
| * * * FILING FEF: \$35.00 * * *   |
| MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32214   |

CR2E045 (8/05)