

P960000007490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

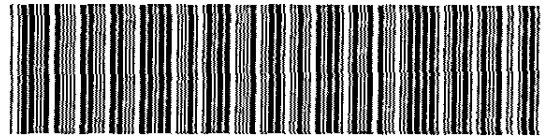
(Document Number)

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04 JUL 23 PM 4:30
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VON STILLI CORPORATION
(Name of corporation)

DOCUMENT NUMBER: P96000007490

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:

DAVID STILLI
(Name of contact person)

VON STILLI CORPORATION
(Firm/Company)

199 JADLER COVE DRIVE
(Address)

WOODBINE, GA 31569
(City/state and zip code)

For further information concerning this matter, please call:

DAVID STILLI at 912 729-7276
(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
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 19, 2004

DAVID STILLI
VON STILLI CORPORATION
199 SADLER COVE DRIVE
WOODBINE, GA 31569

SUBJECT: VON STILLI CORORATION
Ref. Number: P96000007490

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TALLAHASSEE, FLORIDA

We have received your document for VON STILLI CORORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 404A00045553

**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: VON STILLI CORPORATION
2. The principal office address: 199 SADLER COWE DRIVE
WOODBINE, GA 31569
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/24/1996 Document number: P9600007491
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CAROL D. STILLI
2090 2ND ST.
ENGLEWOOD, FL 34223

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

CAROL D. STILLI
1417 SADLER ROAD #191
(P.O. Box NOT acceptable)
FERNANDINA BEACH, FL 32034

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
(Signature of an officer or director)

DAVID L. STILLI V.S.
(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.

Carol D. Stilli
(Signature of Registered Agent)

7/21/04
(Date)

If signing on behalf of an entity:

VON STILLI CORPORATION
(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