L11000016419

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Dusinger Fath) Nama			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			



000224158890

03/08/12--01007--014 **25.00

FILED

12 MAR -8 AM IO: 12

SEURE LABY OF STATE
ALL SEEF -FLORID

Office Use Only

COVER LETTER

Division of Corporations		
SUBJECT: 5 Star S	Sports Consulting LLC	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
Valentin Cristian Zaharia		
Name of Person		
5 Star Sports Consulting LLC		
Firm/Company		
10045 NW 6th Terace		
Address		
Miami FL 33172		
City/State and Zip Code		
nzaharia@hotmail.com E-mail address: (to be used for future annual report not		
E-mail address: (to be used for future annual report not	ification)	
For further information concerning this matter	r, please call:	
Valentin Cristian Zaharia	at (
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	5 Star Sports Cons	ulting LLC	
2. (a) Principal office address of limited liability com	pany:10045	10045 NW 6th Terrace	
(Note: MUST BE STREET ADDRESS)	Miami FL 33172	A STATE OF THE PARTY OF THE PAR	
(b) Mailing address of limited liability company:	same		
(Note: MAY BE POST OFFICE BOX)		<u> </u>	
July 2011 3. Date of filing/registration in Florida	L1100 4. Document number	夏井 ぶ 007641 9	
5. (a) Registered Agent and Registered Office shows	on the records of the Flor	rida Dept. of State:	
Registered Agent:	Legalzoom.com	Legalzoom.com	
Registered Office Address:	101 N Brand Boule Glendale CA 9120	101 N Brand Boulevard 11th Floor Glendale CA 91203	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address:	Valentin Cristian Z	aharia	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Miami FL 33172		
		,FL	
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability com	he Florida street address of dentical. Or, in the case of ge(s) was/were authorized of therwise provided in the a	f the registered office of a Florida limited	
Noemi Zaharia President Printed or typed name of signee			
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, thereby confirm that the limited liability com	nd agree to act in this cap e proper and complete per y position as registered as o merely reflect a change i pany has been notified in	acity. I further agree to formance of my duties, tent as provided for in In the registered office writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)