M1200000 4484

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

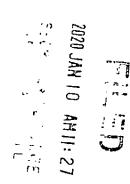
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

From: Ami Casper ami.casper@cscglobal.com

Date: January 8, 2020

Order#: 124761-007

Re: STARR DESIGN, PLLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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.	Na	me of the limited liability company: STARR DESIGN	, PLLC		
2	(a)	1435 West Morehead Street, Suite 240	_ (b)	
	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (°		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Charlotte, NC 28208	-		
		08/08/2012	_	M120000	D4484
3.		Date of filing/registration in Florida	4.	_	Document number
5.	(2)	Incorp Services, Inc.			
J.	(a)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	≌
		17888 67th Court North			
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	<u> </u>	
				•	
		Loxahatchee	33470	<u> </u>	
	(b)	/ =====================================			20
		Enter name of NEW Registered Agent and/or NEW Registered ()ffice ado	<u>dress</u> :	2020 JAN 10
					A 'A
		1201 Hays Street			6
		NEW Registered Office Address:			AHI: 2
				_	<u> </u>
		Tallahassee , FL	32301		E 27
th ag wa	e cha ent v as/wo e arti	mited liability company is not organized under the laws nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	he registility contact the limited I	stered office ompany, it is ited liability iability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
_		teve Starr ure of a member or authorized representative of a member	Stev	ve Starr, Me	mber/Manager
I pr th to no	hered ovisi e obl mere otified	by accept the appointment as registered agent and agreen on so fall statutes relative to the proper and complete pigations of my position as registered agent as provided its reflect a change in the registered office address. I have the change of this change.	performi for in (ereby co	ance of my Chapter 603 Onfirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or. if this document is being filed the limited liability company has been per, Asst. Vice President