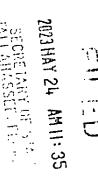
## L1700) 209713

(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:				
<del>-</del> · · · · <u>-</u>				
J. HORNE MAY 25 2023				

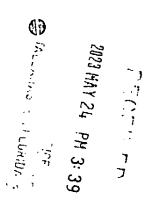
Office Use Only



900408343289



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

REFERENCE : 755470 8397240

AUTHORIZATION : Sill ble mon

COST LIMIT : \$ 25.00

ORDER DATE: May 17, 2023

ORDER TIME : 11:20 AM

ORDER NO. : 755470-095

CUSTOMER NO: 8397240

## CHANGE OF AGENT

NAME: STTAR LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

## 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.

Na	me of the limited liability company:		<del></del>		
a)	1395 BRICKELL AVENUE		(b)	BRICKELL AVENUE	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	, ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 800		SUITE	800	
	MIAMI, FL 33131	_	MIAMI,	FL 33131	
	10/10/2017		L170002	L17000209773	
	Date of filing/registration in Florida	4.		Document number	
(a)	WORLDWIDE CORPORATE ADMINISTRATORS LL	С			
(a)	Registered Agent and Registered Office shown on the records of to 2330 PONCE DE LEON BLVD	he Flo	orida Dept. of S	State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<del>_</del>	
				_	
	CORAL GABLES FL	3313	34		
				F.C.	
b)				A 24	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	e address:	SE T 17	
	Corporation Service Company			MOSIMAY 24 AM 11: 35	
	NEW Registered Office Address:				
	1201 Hays Street	_			
	Tallahassee	3230	)1	·	
	. FL			<del></del>	
e li	mited liability company is not organized under the law	s of	the State of I	Florida, it is hereby confirmed that after the	
	or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial				
we	re authorized by an affirmative vote of the members of	the	limited liabii	lity company or as otherwise provided in	
	eles of organization or the operating agreement of the 1 y Anderson Tavares de Sousa		•	ompany. on Tavares de Sousa, Manager	
	are of a member or authorized representative of a member	_		Printed or typed name of signee	
reb isio obli ere	y accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change	e to e erfor for i	act in this ca rmance of m in Chapter 66 v confirm tha	macity. I further goree to comply with the	
atur	e of Registered Agent				
ice	E. Kirby, Asst. Vice President				

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