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S. HAWKES

JUL 7 - 2009

EXAMINER

## **COVER LETTER**

Division of Corpo	rations				
UBJECT: Gold Star Adjusters, LLC.					
		mited Liability Cor	· · · · · · · · · · · · · · · · · · ·		
Dear Sir or Madam:					
The enclosed Registered	Agent/Registered Of	ffice Change and fee	e(s) are submitted for filing.		
Please return all correspo	ndence concerning t	his matter to the fol	lowing:		
	oldwich, Owner				
ivai	ic of reison				
	r Adjusters, LLC.				
	lichaelson Way				
Jackso	nville, FL 32223				
	te and Zip Code				
E-mail address: (to be used	ch@yahoo.com	rification)			
For further information co					
Mark Gold	lwich	at ( 904 )	704-2200		
Name of Pers	on		e & Daytime Telephone Number		
STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	n ations ater Circle	Registration Division of P.O. Box 63	Corporations		
Enclosed is a che	ck for the following	amount:			
\$25 Filing Fee		\$55 Filing	g 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.

1. N	ame of the limited liability company:	Gold Star Adjusters, LLC.				
2. (a	2. (a) Principal office address of limited liability company:		2601 Michaelson Way			
<u> </u>	(Note: MUST BE STREET ADDRESS)	Jacks	sonville, FL 322	23	<del></del>	
_(b	) Mailing address of limited liability company:		2601 Michaels	son Way		
-[4]	(Note: MAY BE POST OFFICE BOX)	Jacks	sonville, FL 322	23	····	
	05/12/2000		L000000	005 <b>663</b> 3		
3. D	ate of filing/registration in Florida	4. Doc	cument number		CONTRACTAL DE	
5. (a	a) Registered Agent and Registered Office shown			a Dept. of State:		
	Registered Agent:	Mark	Goldwich	7	الوريية	
	Registered Office Address:	11362	nt/old address 2-13 San Jose E sonville, FL 3222	3lvd, Suite 167 23		
(b	) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u>	NEW Regi	stered Office ad	dress:		
	NEW Registered Agent:					
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		Michaelson Wa sonville	ny ,FL3222	3	
configure and the liability of the or the	limited liability company is not organized under treed that after the change or changes are made, the business office of the registered agent will be id ity company, it is hereby confirmed that the change members of the limited liability company or as of coperating agreement of the limited liability company or as of the limited	le Florida s dentical. O ge(s) was/w therwise pr	treet address of the r, in the case of a sere authorized by	he registered offi Florida limited an affirmative	vote	
J	·					
Printer	Mark Goldwich d or typed name of signee					
Thor	reby accept the appointment as registered agent and ly with the provisions of all statutes relative to the am familiar with and accept the obligations of my ster 608, F.S. Or, if this document is being filed to ess, I hereby confirm that the limited liability comp	nd agree to proper and position a merely ref pany has be	act in this capaci d complete perfor s registered agen lect a change in t en notified in wr	ity. I further agy rmance of my du t as provided fo he registered off iting of this char	ree to ities, r in fice ige.	
Signat	ure of Registered Agent					

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