## L01000015973

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: STARR REALTY OSCEO		_
(Nan	ne of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
HENRY A. DEPPE		
(Name of Person)		
STARR REALTY OSCEOLA NO. 7 LLC		C
(Firm/Company)		1
2108 DEVONSHIRE WAY		•
(Address)		
PALM BEACH GARDENS, FL 33418		
(City/State and Zip Code)		
For further information concerning this m	natter, please call:	
HENRY A. DEPPE	at ( <u>561</u> ) <u>694-5884</u>	_
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the follow	wing amount:	
	☐ \$55 Filing Fee & Certified Copy	

## 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. Name of the limited liability company: STARR REA	ALTY OSCEOLA NO. 7 LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	PALM BEACH GARDENS, FL 33418
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2108 DEVONSHIRE WAY PALM BEACH GARDENS, FL 33418
SEPTEMBER 17, 2001  3. Date of filing/registration in Florida	L01000015973
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State
. Registered Agent:	CLAUDE A. BRIGANTE
Registered Office Address:	220 SW 3RD ST POST POST POST POST POST POST POST P
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address:  HENRY A. DEPPE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2108 DEVONSHIRE WAY
Medi 22 i zomo, sinza i naprina	PALM BEACH GARDENS,FL_33418
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.  **Alexandle 1.**  (Signature of a member or authorized representative of a member)	t address of the registered office and the business
HENRY A. DEPPE	_
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.

(Signature of Registered Agent)

Division of Corporations, R.O. Power