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(City/State/Zip/Phone #)	
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SECULEMAY OF STATE ALLAHASSEE, FLORIDA

AUG 25 PH

Star Properties & Investments, LLC P. O. Box 5566 • Clearwater, FL 33758

August 20, 2004

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed is a "Change of Registered Agent" form along with a check for \$25.00 for the filing fee.

Please return all correspondence concerning this matter to the following:

Christopher Flament Star Properties & Investments, LLC P. O. Box 5566 Clearwater, FL 33758

Ph: 727-535-9033 Fx: 727-530-0741

Thank you,

Christopher Flament

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. The name of the limited liability of	company is: Star Properties & Investments LLC
2. The mailing address of the limited	I liability company is: 14770-B 62nd Street N.
Clearwater, FL 33760	· · · —
11/19/2003	L03000045773
3. Date of filing/registration in Flori	da 4. Document number
Florida Department of State:	and the registered office address as shown on the records of the
1201	Name HAYS STREET
TALL	Address AHASSEE FL 3230 City, State and Zip
6. The name and address of the new	•
Christop	her Flament
2610 Fal	Isrock Dr.
Florida s	treet address (P.O. Box NOT acceptable)
Clearwat	er _{FL} 33761
	City, State and Zip
confirmed that after the change or ch and the business office of the register liability company, it is hereby confir	a rent
Jean C. Flament	
(Printed or typed name of signee) I hereby accept the appointment as a comply with the provisions of all state and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address I hereby confirm that the line (Signature of Registered Agent)	registered agent and agree to act in this capacity. I further agree to tutes relative to the proper and complete performance of my duties, e obligations of my position as registered agent as provided for in ent is being filed to merely reflect a change in the registered office nited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00