

L05000050883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

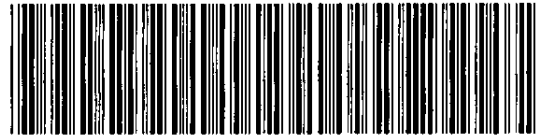
Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**

JUL - 6 2009

**EXAMINER**



700156941627

06/11/09--01022--013 \*\*25.00

RECEIVED  
09 JUN 11 AM 10:56  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



UCC FILING & SEARCH SERVICES, INC.  
1574 Village Square Blvd Ste 100  
Tallahassee, Florida 32309  
(850) 681-6528

**HOLD**  
FOR PICKUP BY  
UCC SERVICES  
OFFICE USE ONLY

June 11, 2009

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Star Equity, LLC

**Filing Evidence**

☒ Plain/Confirmation Copy

☐ Certified Copy

**Retrieval Request**

☐ Photocopy

☐ Certified Copy

**Type of Document**

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include  
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

NEW FILINGS	
	Profit
	Non Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
X	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**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: STAR EQUITY, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

☒ \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

430 Davis Drive, Suite 270

Morrisville, NC 27560

(b) Mailing address of limited liability company: \_\_\_\_\_

☒ \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

PO Box 110127

Research Triangle Park, NC 27709

05/23/2005

L05000050883

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:

Corporation Company of Orlando

Registered Office Address:

300 S. Orange Ave., Suite 100 (MRH)

Orlando, FL 32801-5403

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

United Corporate Services, Inc.

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

9200 S. Dadeland Blvd.

Suite 508

Miami, FL 33156

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Katrina C. Walters  
Signature of a member or authorized representative of a member

Katrina C. Walters, Authorized Person

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Katrina C. Walters  
Signature of Registered Agent

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

FILING FEE: \$25.00