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(Re	questor's Name)	_	
(Address)			
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(Address)			
(Cit	y/State/Zip/Phone #	<i>f</i>)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Name	:)	
(Document Number)			
Certified Copies	Certificates o	of Status	
Certified Copies	_ Octanoates c	or Ctatus	
Special Instructions to	Filing Officer:	*	
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SECRETARY OF STATE

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COVER LETTER

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Division of Corporations	
SUBJECT: Gulf Star Management LI (Name of	LC Limited Liability Company)
`	• • •
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Jeanne Smith (Name of Person)	
Gulf Star Management LLC (Firm/Company)	
(Firm/Company)	
5824 Bee Ridge Road, #241	
(Address)	
Sarasota, FL 34233	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Jeanne Smith	
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
\$25 Filing Fee	☐ \$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.

in the state of Florida.				
1. Name of the limited liability company: Gulf Star Ma	nagement LLC			.
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 5824 Bee Ridge Road, #241 Sarasota, FL 34233			F
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5824 Bee Ridge Road, #241 Sarasota, FL 34233		-	.
10/17/07	L07000105520	08 SEP		
	4. Document number	IAR AS	1	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept.	of State: 3		
Registered Agent:	Jeanne Smith	ST 2:		
Registered Office Address:	1366 Whitfield Ave Sarasota, FL 34243	ATE 46		Ð
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:			
NEW Registered Agent:	Incorp Services Inc.		_	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17888 67th Court North		_	
If the limited liability company is not organized under the la		,FL <u>33470</u> s hereby confi	– irmed	
that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the ca hereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.	address of the registered officuse of a Florida limited liability	e and the bus	iness is	I
(Signature of a member of authorized representative of a member)	-			
Jeanne Smith, Managing Member (Printed or typed name of signee)	-			
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a c confirm that the limited liability company has been notified	gree to act in this capacity. If per and complete performance as registered agent as provided hange in the registered office of in writing of this change.	urther agree to of my duties, d for in Chapi address, I her	to and I ter 608 eby	,
Signature of Registered Agent) Incorp Services, Inc.				
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314			

FILING FEE: \$25.00

INHS18 (05/08)