108000168505

(Requestor's Name)								
(Address)								
(Ad	dress)							
(Cit	ry/State/Zip/Phone	e #)						
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	_ Certificates	of Status						
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2019

STARS & STRIPES PROMOTIONS, LLC 32 CORKWOOD BLVD HOMOSASSA, FL 34446 US

SUBJECT: STARS & STRIPES PROMOTIONS, LLC

Ref. Number: L08000068505

We have received your document for STARS & STRIPES PROMOTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 119A00000819

RECEIVED

MAR 1 1 2019

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Nε	me of the limited liability company: Stars & Stripe	s Pror	nc	tions LL	.C			
2	(a)	Stars & Stripes Promotions LLC	(b) Stars & Stripes Promotions LLC						
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (ω,	ł	Mailing address of limited (Note: MAY BE POS)	-		:
		32 Corkwood Blvd			32 Corkwood Blvd				
		Homosassa FL 34446		Homosassa FL 34446					
		2/22/1999		L	0800006	68505			
3.		Date of filing/registration in Florida	4.			Document number			
5.	(a)	Linda L Zipser							
۰). د	(4)	Registered Agent and Registered Office shown on the records of t	he Florid	la I	Dept. of State	~ e:			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	Sı		-			
		10017 Cypress Shadow Av							
		Tampa .FL	34446	}		-	SEUNLIART DI JIATE TALLAHASSEE, FLORIO	2019 H	
((b)	Linda L Zipser				_	HASS	HAR II	
		Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ddı	<u>es</u> :		취임 만날	-0	П
		Linda L Zipser				_	FLOR	PM 5:	
		NEW Registered Office Address:				_	10/	2.0	
		32 Corkwood Blvd				_			
		Homosassa, FL	34446)	····	_			
the ag- wa	e cha ent v is/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the	the reg bility of the lin limited	ist or mit lia	ered officenpany, it in least the le	e and the business of s hereby confirmed t y company or as othe npany.	fice of the hat the c	he regis :hange(s	tered s)
L,	X	ture of a member of authorized representative of a member	Lin	nd:	a L Zipse	Printed or typed name of	Calaman		
1 i protito no	here ovisi obl mer tifie	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I have a change in the registered office address. I have a change in the registered office address. I have a change in the registered of this change.	ee to ac perforn I for in sereby o	et i na Ci coi	n this cap nce of my hapter 602 Afirm that	acity I further agre	e to com	ply with h and ai s being ; has bei	the ccept filed en