110000082358

(Requestor's Name)								
(Address)								
(Address)								
(Madress)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Dusiness Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

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10/14/21--01003--001 **25.00



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September 22ND, 2021

Department of State Division of Corporations Registration Section 2415 Monroe St. Suite 810 Tallahassee, FL 32303 (850) 245-6945

Registration Section,

By the present, I'm attaching the 1 (one) Statement of Change of Registered Office for the following Limited Liability Companies:

• BELSTAR DEVELOPMENT, LLC.

Document # L10000082358

Also attached you will find **one (1)** money order to cover the required fee(s).

Money Order# 27605496543

i/a/o \$ 25.00 (Change Request)

14 PH 2:2

Thank you in advance,

Viviana Pren Legal Coordinator

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	BELSTAR DEVELOPMENT.	LLC.					
0000		Name of Limit	ted Lia	ability Company		_	
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered	Office Change	e and f	ee(s) are submitted for filing.			
Please	return all correspondence concernin	g this matter to	o the fe	ollowing:			
Daniel	Toledano Querub						
	Name of Person			-	SE	2021	
BELSTAR DEVELOPMENT, LLC.					ALLA ALLA	2021 OCT 14 PH 2: 20	
	Firm/Company			_	T. (2)	4	
1200 B	RICKELL AVENUE SUITE 1700				OF ST	PH 2:	J
	Address		_	_	FATE	: 20	
MIAM	i, Florida 33131						
	City/State and Zip Co	de		_			
alexano	dra.alcala@ibtgroup.com						
Ê	-mail address: (to be used for future	annual report	notific	cation)			
For fur	ther information concerning this ma	itter, please call	11:				
Alexan	dra Alcala	305 at (;	3585055)			
	Name of Person	,		Area Code & Daytime Telephon	e Numl	ber	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	· 810		
	Enclosed is a check for the follow	ving amount:					
■ \$25 Filing Fee				5 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 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.	Name of the limited liability company: BELSTAR DEV	VELOPMENT	, LLC.					
2. (a	.)	(b)						
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	1200 BRICKELL AVENUE SUITE 1700	ı	1200 BRICKELL AVENUE SUITE 1700					
	MIAMI FLORIDA, 33131		HAMI FLO	ORIDA 33131				
	AGOSTO 5, 2010	L	1000008235	58				
3.	Date of filing/registration in Florida	4.	D	Document number	202			
5. (a)			ALI				
	a)	of the Florida De	pt. of State:	AHA	<u> </u>	(CE170)		
	JUAN T. O'NAGHTEN							
	Registered Office Address (MUST BE FLORIDA STREET							
	2950 S.W. 27TH AVENUE SUITE 100		O					
	MIAMI , F	., 33133			20 L			
(t	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> JUAN T. O'NAGHTEN							
	NEW Registered Office Address:							
	5901 S.W. 74TH STREET SUITE 400							
	<u>MIAMI</u> , F	L_33143						
chan agen was/ the a	e limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the nature of a member or authorized representative of a member	aws of the State registered of the limite of the limite limited liab	office and pany, it is had liability d liability comp ility comp	the business office o hereby confirmed that company or as other	f the reg it the chi wise pro	gistered ange(s)		
I he prov the o to me notif	rehy accept the appointment as registered agent and agisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide arely reflect a change in the registered office address, lived in striting of this change	gree to act in e performanc ed for in Cha I hereby confi	this capac te of my du pter 605, i irm that th	vity. I further agree t ties, and I am famili F.S. Or, if this docu we limited liability con	o compl ar with nent is l npany h	ly with the and accept being filed as been		