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SECRETARY OF STATE
WILLAHAS SEEF, F. STATE

J. SAULSBERRY EXAMINER NOV 2 2 2010

## **COVER LETTER**

TO: Registration Section Division of Corporations		
	CSTAR, LLC	
Name of Limite	ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this i	matter to the following:	
AJAY VEMURI		
Name of Person		
TECSTAR, LLC Firm/Company		
riim/Company	7 2	
2205 W HILLSBORO BLVD	2010 NOV 19 SECRETARIANSE	T
Address	TAR TASS	-
DEERFIELD BEACH, FL 33442	**************************************	
City/State and Zip Code	AK II: 06	1
TECSTARLLC@GMAIL.COM E-mail address: (to be used for future annual report notifical	tion)	
For further information concerning this matter, pl	lease call:	
AJAY VEMURI at (		
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	,	
Enclosed is a check for the following an	nount:	
\$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.

Name of the limited liability company:	TECSTAR, LLC.
2. (a) Principal office address of limited liability company	: 2205 W HILLSBORO BLVD
(Note: MUST BE STREET ADDRESS)	DEEREIELD BEACH, FL 33442
(b) Mailing address of limited liability company:	TECSTAR, LLC
(Note: MAY BE POST OFFICE BOX)	2205 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442
11/12/2010	L10000118135
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:	AJAY VEMURI
Registered Office Address:	3938 S DALE MABRY HIGHWAY TAMPA, FL 33611
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address:  AJAY VEMURI
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2205 W HILLSBORO BLVD
	DEERFIELD BEACH ,FL33442
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	- SSEE
AJAY VEMURI  Printed or typed name of signee	77.0
Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pre and I am familiar with and accept the obligations of my por Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company  Signature of Registered Agent	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00