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(Re	equestor's Name)	
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PICK-UP	TIAW [MAIL
(Bu	usiness Entity Nar	me)
·	•	·
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Name of	Four Stars Shell LLC of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
Issa Innabi	2012 J	
Name of Person	2012 JAN 17	
Four Stars Shell LLC	mm Sign 🧩	
Firm/Company	ER FLORIES	
12628 Lake Ridge Circ	lo 🥸 Tri 🕏	
Address		
Clermont, Florida 3471 City/State and Zip Code	11	
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this m	atter, please call:	
Issa Innabi	at (352) 536-0902	
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 follow	ving 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.

1. Name of the limited liability company:	Four Stars Shell LLC
2. (a) Principal office address of limited liability company	12628 Lake Ridge Circle
(Note: MUST BE STREET ADDRESS)	Clermont, Florida_34711
(b) Mailing address of limited liability company:	same as above
(Note: MAY BE POST OFFICE BOX)	2012
2/24/2011	L11000023349
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Registered Agent:	Issa Innabi
Registered Office Address:	12628 Lake Ridge Circle Clermont, Florida 34711
(A) Francisco of NEW Devictored American develop NEW	V Pariatored Office address
(b) Enter name of NEW Registered Agent and/or NEV	
NEW Registered Agent:	Issa Innabi
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12628 Lake Ridge Circle
(MUST BE PLORIDA STREET ADDRESS)	Clermont ,FL34711
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability 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	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	-
Issa Innabi Printed or typed name of signee	-
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or. if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per 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.
Signature of Registered Agent	

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