L12000010136

(Requestor's Name)	_	
(Address)		
(Address)	-	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	_	
(Document Number)		
Certified Copies Certificates of Status	_	
Special Instructions to Filing Officer:	7	
EDEC 1 9 2012		
L. SELLERS		

Office Use Only



700242287217

12/17/12--01032--014 **25.00

PILED

12 DEC 17 PH 3: 19

SCHEINEY OF STATE

COVER LETTER

Division of Corporations	
CAND AT CITY	oling Stor I I C
	eling Star LLC ed Liability Company
Name of Emilie	a Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Obilda Odara	
Ohilda Ortega Name of Person	
Thank of Felson	
Traveling Star LLC	
Firm/Company	
8011 35th Ave N	
Address	
Saint Petersburg FL. 33710	
City/State and Zip Code	**************************************
ohilda29@hotmail.com	
ohilda29@hotmail.com E-mail address: (to be used for future annual report notificat	cion)
For further information concerning this matter, ple	ease call:
Ohilda Ortega at (727) 437-9240
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following am	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:	Traveling Star LLC
2. (a) Principal office address of limited liability company	y: 8011 35th Ave N
(Note: MUST BE STREET ADDRESS)	Saint Petersburg FL 33710
(b) Mailing address of limited liability company:	8011 35th Ave N
(Note: MAY BE POST OFFICE BOX)	Saint Petersburg FL. 33710
01/23/2012	L12000010136
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:	Ohilda Ortega
Registered Office Address:	5490 24th Ter N Saint Petersburg FL. 33710
NEW Registered Agent: NEW Registered Office Address:	8011 35th Ave N
(MUST BE FLORIDA STREET ADDRESS)	
	Saint Petersburg ,FL 33710
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of an ember of authorized representative of a member OHILDA ORTEGA Printed or typed name of signee	Florida street address of the registered office tical. Or, in the case of a Florida kunited s) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to maddies, I hereby confirm that the limited liability comparate	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.

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

Signature of Registered Agent