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LLC REGISTERED AGENT CHANGE 7 STAR ISLAND LLC

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JUL 1 0 2020

D CONNELL

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. N	Name of the limited liability company: 7 STAR ISLAND	LLC				
	200 N.W. 107TH AVENUE		(b) _	700 N.V	7. 107TH AVENUE	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 400		5	SUITE 4	00	
3. 5. (a)	MIAMI, FL 33172	_	-	MIAMI,	FL 33172	
	05/07/2012		Li	2000061	837	
	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.			Document number	
	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Flori	ida De	pt. of Sta	te:	
	Registered Office Address (MUST RE FLORIDA STREET)	<u>ADDRE</u>	<u>(22)</u>			
(b)	PLANTATION , FI	33324			2020	
	Corporate Creations Network Inc.					
	Enter name of NEW Registered Agent and/or NEW Registered	Office	ddre	10:		
	801 US Highway I				<u></u>	
	NEW Registered Office Address:				□ · · · · · · · · · · · · · · · · · ·	
	North Palm Beach , FL	33408				
chang agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ibility of if the li: limited	red o comp mited l liabi	ffice an any, it i l liabilit lity con	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
	ature of a member or authorized representative of a member				Printed or typed name of signee	
provis the ob to mei	eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, I red in writing of this change. Danielle Gossman, Specie	perform I for in tereby (nance Chaj confi	this cap e of my oter 60: rm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signat	ure of Registered Agent					
	Division of Cornerations P O 1	lov 61	7747	Callaha	tsee FL 37314	

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