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D. SCOTT NOV 1 7 2016

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CARDSTAR FL Name of Limi	ムレC ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	o the following:	
Walter E. Smith, Name of Person	Esg	
MEROS Smith Lazzak	<u>ea</u>	
757 ARlington Aven	ue.N.	16 NO SECRE
St. Petersburg FL City/State and Zip Code	<u>3</u> 3701	N 16 PH NASSEE, FI
Smith@ms/bo-law, E-mail address: (to be used for future annual report	notification)	TATE LORIDA
For further information concerning this matter, please ca	11:	
Walter & Smith at (7) Name of Person	727 <u>822 - 4929</u> Area Code & Daytime Telephon	e 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 following amount:		

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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.

rioriau.	
1. Nan	ne of the limited liability company: <u>CARDSTAR PL LLC</u>
2. (a) <u>(</u>	6800 Gulfport Blvd South (1) 5817-21st Avenue South
,, -	Principal office åddress of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Suite 201-167 Gulfport FL 33701
	South Pasadena, FL
	33707
	MAY 25, 2012 - 2000070749
3.	Date of filing/fegistration in Florida 4. Document number
5. (a)	JACK A. Bauman
!	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	2901 IST AVENUE NORTH.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Suite 2
	St. Petersburger 33713 # 2 1
	WOUTER ESMILL ESC
(b) _	
j	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Meros Smith, Lazzara et a!
	NEW Registered Office/Address:
	757 ARlington AVENUE N.
	St. Petersburg , FL 33701
If the li	nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the char	age or changes are made, the Florida street address of the registered office and the business office of the registered
	ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the artic	eles of organization or the operating agreement of the limited liability company.
	Barbara State BARBARA STARK are of a member or authorized representative of a member Printed or typed name of signee
Signatu	are of a member or authorized representative of a member / Printed or typed name of signee
I hereb provision the obli- to mere	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.

Signature of Registered Agent