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(Requestor's Name)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
certified copies		
Special Instructions to Filing Officer:		





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INHS18 (2/14)

TO: Registration Section Division of Corporations					
Sparkstarter LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
Hemali Patel					
Name of Person					
Sparkstarter					
Firm/Company					
12276 San Jose Blvd Ste 708					
Address					
Jacksonville, FL 32223					
City/State and Zip Code					
hrp26@comcast.net					
E-mail address: (to be used for future annu	ial report notification)				
For further information concerning this matter, p	please call:				
Hemali Patel	904 234-1391				
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 following 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 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: Sparkstarter	r, LLC 			
2. (a))	(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	12276 San Jose Blvd Ste 708	12	2276 San Jose Blvd Ste 708		
	Jacksonville, FL 32223	Ja	acksonville, FL 32223		
	04/21/2014	L14	4000064180		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	, Hemali Patel				
J. (u	Registered Agent and Registered Office shown on the records of	of the Florida Dep	pt. of State:		
	Registered Office Address (MUST BE FLORIDA STREET				
	7334 San Lucas Road				
	Jacksonville, F	32217	MAY 23 MI DE 40		
(b)	Hemali Patel	—————————————————————————————————————			
X • .	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address	<u>*</u> ***********************************		
	NEW Registered Office Address:				
	12276 San Jose Blvd. Ste 708				
	Jacksonville . F	_L 32223			
the chagent was/v the ar	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the member of a member or authorized representative of a member	of the registere liability comp s of the limited ne limited liabi Hemal	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in illity company. If Patel Printed or typed name of signee		
provi the oi to me notifi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complebligations of my position as registered agent as provide rely reflect a change in the registered office address. ed in writing of this change.	gree to act in te performanc ded for in Cha I hereby confi	this capacity. I further agree to comply with the re of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed irm that the limited liability company has been		