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(((H170002956193)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
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LLC REGISTERED AGENT CHANGE SUZSTAR, LLC

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Registration Section Division of Corporations TO:

COVER LETTER H170002956193

SUBJECT:	Suzstar, LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:	No. 1				
The enclosed Registered Agent/Register	ed Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerr	ning this matter to the following:				
Georgia Dorsam					
Name of Person					
InCorp Services, Inc.					
Firm/Company					
3773 Howard Hughes Pkwy Suite	500S : ;				
Address					
Las Vegas, NV 89169-6014					
City/State and Zip C	Code				
documents@incorp.com					
E-mail address: (to be used for futu	re annual report notification)				
For further information concerning this n	natter, plcase call:				
Georgia Dorsam for InCorp Services	s, Inc. at (702) 866-2500 ext. 6912				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRES Registration Section Division of Corporations	Registration Section				
Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the folk	owing amount:				
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)	4170002956193				

H170002956193

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

a) _	23713 Lake Hills Dr.	(b) 23713	(b) 23713 Lake Hills Dr.	
	Principal office address of limited liability company: (Alore: MUST RE STREET ADDRESS)	· · ·	Mailing address of limited Hability company: (Abno. MAPRE POST OFFICE 8020)	
	Lutz, FL 33559	Listz, Fl	33559	
_	10/09/2014	L140001	57867	
	Date of filing/registration in Florida	4.	Document number	
a)	Susan Jagmohan			
, .	Registered Agent and Registered Office shown on the records o	of the Florida Dept. of St	ute:	
	23713 Lake Hills Dr.	·		
Ī	Registered Office Address GIUST BE FLORIDA STREET	ADDRESS)	-	
_			<u>u</u>	
_	Lutz	33559	17 NOV -8	
_	,F	. 33339	-	
tr	nCorp Services, Inc.		_	
_	inter name of NEW Registered Agent and/or NEW Registere	d Office address:	-	
			<u> </u>	
_	17888 67th Court North		بو .	
N	ESY Registered Office Address:	-	72	
_				
1	oxahatchee , FI	33470	_	
	ited liability company is not organized under the la- e or changes are made, the Florida street address of	The remistered offic	e and the business office of the registered.	
will vere	be identical. Or, in the case of a Florida limited li- authorized by an affirmative vote of the members of a of organization or the operating agreement of the	of the limited lightlift	v company or as otherwise provided in	
will ere licle	authorized by an affirmative vote of the members of solver an affirmative solver agreement of the	of the limited lightlift	y company or as otherwise provided in apany. han	
will vere ticle	authorized by an affirmative vote of the members of sold organization or the operating agreement of the	of the limited liabilit limited liability con Susan Jagmo	y company or as otherwise provided in appany. han Printed or typed name of signee	
will vere ticle	authorized by an affirmative vote of the members of solver an affirmative solver agreement of the	of the limited liabilit limited liability con Susan Jagmo	y company or as otherwise provided in appany. han Printed or typed name of signee	

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

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