USOCO 16225

(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:						

Office Use Only



400291977184

11/10/16--01014--003 **25.00

NOV 10 2016 S. YOUNG 16 NOV 10 PH L: 15

COVER LETTER

TO:	Registration Section 'Division of Corporations					
SUBJI	Change of Address: Bluestar	One Development, LLC				
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the following:				
Greg	ory R Flowers					
***	Name of Person	<u> </u>				
Authe	entic Real Estate					
	Firm/Company					
825 (Golfview Street					
	Address					
Orlan	do, FL 32825					
	City/State and Zip Code					
gregf	lowers@yahoo.com					
E	-mail address: (to be used for future annua	al report notification)				
	ther information concerning this matter, pl	lease call:				
Grego	ory R Flowers	831 454-6846				
	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 as	mount:				
	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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. Name of the limited liability company:	Bluestar	Ore Deve	lophen	1, L(C
2, a) To Authentic Real		1 GOLFINCH DE	PCANTCI	74, FZ 3.
Principal office address of limited liah (Note: MUST BE STREET AL	pility company:	Mailing address of li	imited liability comp POST OFFICE BO	
Orlando FC		·		
1/27/15		L150000	16221	5_
Date of filing/registration in(a) Svescy R.	trowers	Document numb	oer	
Registered Office Address (MUST BE FL	n on the records of the Florida Dep CNDR.#1 ORIDA STREET ADDRESS) WSTREET		(, FL =	3326.
Orlando NA	. FL 338	26	16 NOV	SECRETA SECRETA
Enter name of <u>NEW Registered Agent</u> and/o NEW Registered Office Address:	r <u>NEW Registered Office address</u>	<u>;</u>	20 FH +: -	KEE, FLORIG
			ວາ	
	, FL			
If the limited liability company is not organiz the change or changes are made, the Florida s agent will be identical. Or, in the case of a F was/were authorized by an affirmative vote o the articles of organization or the operating a	street address of the registere lorida limited liability compa f the members of the limited greement of the limited liabi	ed office and the busines any, it is hereby confirm liability company or as lity company.	es office of the re led that the chang otherwise provid	egistered ge(s) ded in
Signature of a member or authorized representative of	of a member	Gregory P. Printed or typed na	+ rower	7,
I hereby accept the appointment as registere provisions of all statutes relative to the properties of my position as registered at to merely reflect a change in the registered on notified in writing of this enange.	d avent and avree to act in t	this canacity. I further a	igree to comply s	with the
Signature of Registered Agent				

Articles of Organization For Florida Limited Liability Company

L15000016225 FILED 8:00 AM January 27, 2015 Sec. Of State tburch

Article I

The name of the Limited Liability Company is: BLUESTAR ONE DEVELOPMENT, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1221 GOLDFINCH DRIVE

PLANT CITY, FL. 33563

The mailing address of the Limited Liability Company is:

1221 GOLDFINCH DRIVE

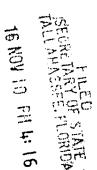
PLANT CITY, FL. 33563

Article III

The name and Florida street address of the registered agent is:

GREGORY R FLOWERS 1221 GOLDFENCH DRIVE

PLANT CITY, FL. 33563



Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: GREGORY RANDALL FLOWERS

Freticions Business Name Filing - 11/6/16 # 200292033272 **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR GREGORY L CASÓN 1221 GOLDFINCH DRIVE APT 1

PLANT CITY, FL. 33563

Title: MGR GREGORY R FLOWERS 1221 GOLDFINCH DRIVE APT 1

PLANT CITY, FL. 33563

Article V

The effective date for this Limited Liability Company shall be:

01/26/2015

Signature of member or an authorized representative

Electronic Signature: GREGORY RANDALL FLOWERS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L15000016225 FILED 8:00 AM January 27, 2015 Sec. Of State tburch

SECKETARY OF STATE.

State of Florida Department of State

I certify from the records of this office that AUTHENTIC REAL ESTATE is a Fictitious Name registered with the Department of State on November 6, 2016.

The Registration Number of this Fictitious Name is G16000120353.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

ne da sa unu in Pit Li 16

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Seventh day of November, 2016

Secretary of State



Authentication ID: 200292033772-110716-G16000120353

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G16000120353

Fictitious Name to be Registered: AUTHENTIC REAL ESTATE

Mailing Address of Business:

825 GOLFVIEW STREET ORLANDO, FL 32825

Florida County of Principal Place of Business: ORANGE

FEI Number: 47-2901118

Nov 06, 2016 Secretary of State

Owner(s) of Fictitious Name:

BLUESTAR ONE DEVELOPMENT, LLC 825 GOLFVIEW STREET ORLANDO, FL 32825 Florida Document Number: L15000016225 FEI Number: 47-2901118

AECKLESSFEET CHIEF

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

GREGORY FLOWERS MEMBER BLUESTAR ONE DEV., L

11/06/2016

Electronic Signature(s)

Date