K15000022067

(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:									
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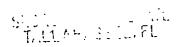
COVER LETTER

TO:		istration Section sion of Corporations									
SUBJI	ECT:	RISING STAR CONSTRUCTION LLC									
	Name of Limited Liability Company										
Trues	Grorð	Madam:									
ine en	Ciose	i Registered Agent/Registered	Office Change and f	ee(s) are submitted for filing.							
Please	returr	all correspondence concerning	g this matter to the fo	ollowing:							
STEPH	IEN M	URPHY									
		Name of Person	******								
RISING	G STA	R CONSTRUCTION LLC									
	•	Firm/Company		_							
612 PA	ALME'	TTO STREET									
		Address									
NEW S	SMYR	NA BEACH, FL 32168									
	_	City/State and Zip Coo	le	_							
De	SONG	REYSTREET@ICLOUD.COM									
Н	i-mail	address: (to be used for future	annual report notific	ation)							
For fur	ther in	nformation concerning this ma	tter, please call:								
STEPH	IEN M	URPHY	561 at (301-3222							
	-	Name of Person		Area Code & Daytime Telephone Number							
	Reg Divi P.O	ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
	Encl	losed is a check for the follow	ing amount:								
	□ \$:	25 Filing Fee	☐ \$55	Filing Fee & Certified Copy							

INIIS18 (2/14)

RECEIVED

2022 JUN 27 PM 12: 12



June 7, 2022

STEPHEN MURPHY 612 PALMETTO STREET NEW SMYRNA BEACH, FL 32168

SUBJECT: RISING STAR CONSTRUCTION LLC

Ref. Number: L15000022067

We have received your document for RISING STAR CONSTRUCTION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 022A00012719

www.sunbiz.org

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	ame of the limited liability company: RISING STAR C	ONSTI	RUC ——	TION LLC	·••					
2. (a)	612 PALMETTO STREET			(b) 642 PALMETTO STREET,						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(,		Mailing address of (Note: MAY I		-	• •		
	NEW SMYRNA BEACH			NEW SMY	YRNA BEACH					
	FL 32168									
	02/05/2015		1.	150000220	067					
3.5. (a)	Date of filing/registration in Florida MARK NAGRANI	_ 4.	_		Document nu	mber		· · · · · · · · · · · · · · · · · · ·		
J. (M)	Registered Agent and Registered Office shown on the records of 612 PALMETTO STREET	the Flor	ida I	Dept of Stat	<u>e</u> :					
	Registered Office Address	_	,	2						
	, FI	3216	8		- -	:- :-	2022 JUN 27			
(b)				····	-		1:27			
	Enter name of NEW Registered Agent and/or NEW Registered	l Office	addı	ress:			P	·		
	612 PALMETTO STREET					:	PH 12: 2	الأسهندي		
	NEW SMYRNA BEACH	_	•	0						
	, FI	3216	8		_					
agent was/w	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited have authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of the li	ered con imit	office and opany, it is ed liability bility con	d the business s hereby confi y company or ipany.	office of rmed the as other	of the re at the el rwise pr	gistered hange(s)		
Signa	iture of a member or authorized representative of a member				Printed or typed	I name of	signee	·		
provis the ob- to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete lightions of my position as registered agent as provide office address. It is writing of they ahange.	rec to a perfori d for in hereby	ict ii mar i Ch con	i this cape ice of my c apter 605 firm that i	acity. I further duties, and I a i, F.S. Or, if th the limited liai	r agree m famil us docu bility co	to comp iar with ment is mpany	oly with the and accept being filed has been		
Signafi	are of Tegistered Agent									
	Division of Corporations • P.O. FILING F				ssee, FL 3231	4				

INHS18 (2/14)