## L15000/33481

(Requestor's Name)
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2-2-11-2-2-11-11-11-11-11-11-11-11-11-11
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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1.



## **COVER LETTER**

TO: Registration Section
Division of Corporations

TRI STAR CLASSICS, LLC SUBJECT:	TRI STAR CLASSICS, LLC				
	nited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
Barry E.Hughes					
Name of Person					
Firm/Company					
900 Big Tree Rd.					
Address					
South Daytona, FL. 32119					
City/State and Zip Code					
gary.hanksters@gmail.com					
E-mail address: (to be used for future annual repo	rt notification)				
For further information concerning this matter, please of	all:				
Barry Hughes 3: at (	788 9667  Area Code & Daytime Telephone Number				
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount	t:				
■ \$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.

2. <b>(a)</b>	1790 Souith Nova Rd.,	(b) _	(b) 1790 South Nova Rd.		
	Principal office address of limited liability company:  (Nois: MUST BE STREET ADDRESS)	(%)	Mailing address of l	limited liability company	y:
	South Daytona, Fl., 32119		outh Daytona, Fl., 32119	POST OFFICE BOX	
			odin Daytona, Pt., 32119		
	08-05-2015		5000133481		<del></del>
	Date of filing/registration in Florida	— <sub>4.</sub> —	Document numb	ber	
(a)				<b>-</b>	
•	Registered Agent and Registered Office shown on the records of Kevin B. Sergenti	f the Florida De	pt of State:		
	Registered Office Address MUST BE PLORIDA STREET	`ADDRESS)			
	2984 Appaloosa Trail			20	
	Wellington	33/1/	<del></del>	2020	
	, F)	L <sup>33414</sup>			
(b)					
	Enter name of NEW Registered Agent and/or NEW Registeres	d Office addres	<u></u>	3	į
	Richard Tirek			7	į
			<del></del>	0	
	NEW Registered Office Address: 1790 South Nove Rd.			7	
	South Daytons FI	32119			
nt wi wer artic	nited liability company is not organized under the lay or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lie e authorized by an affirmative vote of the members of les of organization or the operating agreement of the	registered of ability compa of the limited	tice and the business offi my, it is hereby confirme liability company or as c lity company.	ice of the registered	i
	re of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·	Printed or typed nen	ne of signee	
ereby	v accept the appointment as registered agent and agr ns of all statutes relative to the proper and complete , rations of my position as registered agent as provided y reflect a change in the registered office address, I h in writing of this change.	ee to act in ti performance	his capacity. I further ag of my dutles, and I am fa	ree to comply with uniliar with and acc	the ept
ovisió e oblig	anous of my position as registered agent as provided	d for in Chap	ler oud. r.s. Ur. It inis a		