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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.

Name of the limited liability company: STAR LOAN INVESTMENTS LLC					
2. (a))	(b)		
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	o, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3310 Mary Street Suite 302		3109 G	RAND AVENUE #349	
	Coconut Grove, FL 33133		Coconi	ut Grove, FL 33133	
	02/12/2016		L160000	030637	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	i)				
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: NRAI SERVICES, INC.					
					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD			202	
	PLANTATION , F	33324		2024 JUN 18 PH 4: 0	
/h·				W 18 PH 4:	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				- PH 1	
	Corporation Service Company			101	
	NEW Registered Office Address:				
	1201 Hays Street			<u> </u>	
	Tallahassee . F	32301			
chang agent was/w the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited levere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ic register liability co of the lin e limited	ed office a ompany, it nited liabi liability co	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in	
Signature of a member or authorized representative of a member				Printed or typed name of signee	
provis the ob to met	eby accept the appointment as registered agent and agsions of all statutes relative to the proper and complete oligations of my position as registered agent as providerely reflect a change in the registered office address, led in writing of this change.	gree to ac e perform led for in s I hereby c	t in this ca ance of m Chapter 6 onfirm tha	spacity. I further agree to comply with the v duties, and I am Jamiliar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	
Signat	Lhaze C-Kuble urc of Registered Agent	GRACE	E. KIRBY	, ASST. VICE PRESIDENT	