

L16000052274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

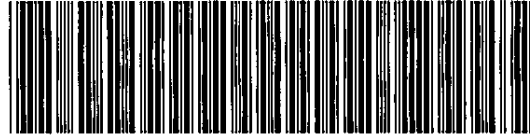
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
NOV 02 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2016

VALERIE LAPEZE
PO BOX 3486
JUPITER, FL 33469

SUBJECT: TREE STARS LLC
Ref. Number: L16000052274

We have received your document for TREE STARS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 416A000163

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREE STARS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VALERIE LAPEZE

Name of Person

TREE STARS LLC

Firm/Company

PO BOX 3486

Address

JUPITER, FL 33469

City/State and Zip Code

treestarscontact@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIE LAPEZE

561

401-1527

at ()

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 amount:

☒ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

Check # 307.

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TALLAHASSEE, FLORIDA

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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.

TREE STARS LLC

1. Name of the limited liability company: TREE STARS LLC
2. (a) 160 VILLAGE BLVD (b) PO BOX 3486

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

JUPITER, FL 33469

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

JUPITER, FL 33469

03/14/2016

L16000052274

3. Date of filing/registration in Florida 4. Document number

LAPEZE VALERIE

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

(ATRIUM) 44 WEST FLAGLER STREET

OLD address and needs
to be changed as here
under

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

SUITE 2300, court house tower

MIAMI

33130

, FL

NEW address for registered
agent: Valerie Lapeze

VALERIE LAPEZE

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

160 VILLAGE BLVD

NEW Registered Office Address:

JUPITER

33469

, FL

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

VALERIE LAPEZE

Printed or typed name of signer

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00