LIGOCOBH3S

(F	Requestor's Name)	
A)	Address)	
(A	Address)	
10	City/State/Zip/Phone	- 40
(0	ity/State/Zip/Phone	? #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nan	ne)
(C	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer	

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date:12/8/2017	Account#: 12000000088
Name: KENDALL HOWELL	
Reference #: B094683	_
Entity Name: LODESTAR PROP	PERTIES LLC
Articles of Incorporation/Authorization	n to Transact Business
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	ISSUES - CALL KEN @ 518-213-0738 ☴ 🎭
☐ Merger	518-213-0/38 N
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	9 50 SRUS

Authorized Amount:

Signature:

\$25.00

+852.3975.1803





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Account#: 120000000088 12/8/2017 Date:___ Name: KENDALL HOWELL B094683 Reference #:_ LODESTAR PROPERTIES LLC Entity Name:___ Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent] Reinstatement **ISSUES - CALL KEN @** Conversion 518-213-0738 J Merger Dissolution/Withdrawal ☐ Fictitous Name Other _____ \$25.00 Authorized Amount: _

Signature:

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.

I. Na	me of the limited liability company: LODESTAR f	PROPERTIES L	<u>LC</u>
	Principal office address of limited liability company:		Mniling address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	1085 Bald Eagle Drive, Bldg. C - Unit 305	1085 B	ald Eagle Drive, Bldg. C - Unit 305
	Marco Island, FL 34145	Marco I	sland, FL 34145
	4/29/16	L160000	984435
3.	Date of filing/registration in Florida	4.	Document number
.	Cogency Global, Inc.		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	
	115 North Calhoun Street, Suite 4		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	-
	Tallahassee FI	32301	
(b)	Cogency Global Inc.		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	MIREC -8 A 9 51 ALLIANASSILLILORID
	NEW Registered Office Address:	<u> </u>	
	115 North Calhoun Street, Suite 4		- S
	Tallahassee FL	32301	_
the cha agent was/we the arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of cles of organization or the operating agreement of the study of a member of a member or authorized representative of a member oby accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address.	the registered office ability company, it of the limited liability company it limited liability company. R. S cott	is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Moore Printed or typed name of signee
nonned	igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change re of Registered Agent	a jor in Chapier 60 hereby confirm that	t the limited liability company has been