LIG CCCC SGOCI

(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:	
	- {
	- {

Office Use Only



200355697792

11/30/20--01010--019 **425.00

S. YOUNG = 5

COVER LETTER

	egistration Section livision of Corporations			
SUBJEC	SOFTAIL 1584 LLC			
		Name of Limited Li	iability Company	
Dear Sir o	or Madam:			
The enclo	sed Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.	
Please ret	urn all correspondence concerning	this matter to the	following:	
Chant Kar	ajian			
	Name of Person		_	
10 Stars P	roperty Management LLC			265
	Firm/Company			2650 HOV 30
8200 66th	St N Suite 2A			
	Address			PH (
Pinellas Pa	ark, FL 33781			6: 18
	City/State and Zip Cod	e		
manager@	10starshomes.com			
E-m	ail address: (to be used for future a	annual report notifi	cation)	
For furthe	r information concerning this matt	ter, please call:		
Chant Kar	ajian	844 at (707-3773	
	Name of Person		Area Code & Daytime Telephon	e Number
R D P	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810
E	nclosed is a check for the followi	ng amount:		
	\$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy	

INHS18 (2/14)

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.

) .	8200 66 th St N		(b)	8200 66 t	h St N
, -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 2A			Suite 2A	
	Pinellas Park, FL 33781			Pinellas P	ark, FL 33781
	L16000086001			05/02/2016	5
•	Date of filing/registration in Florida	<u> </u>	_		Document number
1)	GARNIER, OLIVIER				
	Registered Agent and Registered Office shown on the records	of the Fl	orida	Dept. of Stat	- te: 23
	10225 ULMERTON ROAD				77.79 NON 57.7.7.
	Registered Office Address (MUST BE FLORIDA STREE	TADDE	(ESS)		- 2
	SUITE 9C				30 To 100
	Largo	FL_3377	71		
	, I	'L			-
b) i	10 Stars Property Management LLC				18
_	Enter name of NEW Registered Agent and/or NEW Register	ed Offic	e add	ress:	_
	8200 66th St N				•
	NEW Registered Office Address:	•			_
	Suite 2A	- · · · ·			_
	Pinellas Park	3378	31		
	, I	·L			_
	mited liability company is not organized under the I or changes are made, the Florida street address of the				
W	fill be identical. Or, in the case of a Florida limited	liabilit	y con	ipany, it is	s hereby confirmed that the change(s)
	re authorized by an affirmative vote of the members cles of organization or the operating agreement of th				
<u> </u>	PARISI			SI JEAN L	· •
	ure of a member or authorized representative of a member	-			Printed or typed name of signee
eb sid bli	y accept the appointment as registered agent and agons of all statutes relative to the proper and complet gations of my position as registered agent as providity reflect a change in the registered office address,	gree to e perfo led for l hereb	act i rmai in Cl y cor	n this cap ice of my c apter 605 ifirm that	acity. I further agree to comply with t duties, and I am familiar with and acc 5, F.S. Or, if this document is being fil the limited liability company has been