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COVER LETTER

TO:	Registration Section Division of Corporations		·		
SUBJI	Stellar Electrical Services LL	Stellar Electrical Services LLC Name of Limited Liability Company			
.,0.,,					
Dear S	ir or Madam:				
The en	nclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to the	following:		
Willia	m Shaun Stranger				
	Name of Person		_		
Stella	r Electrical Services LLC				
	Firm/Company				
7011	Oregon Chickadee Rd				
	Address				
Brook	sville, FL 34613				
	City/State and Zip Code		_		
stella	relectricalservicesllc@gmail.com				
E	-mail address: (to be used for future ann	ual report notif	ication)		
For fur	ther information concerning this matter,	please call:			
Willian	m S Stranger	813 at (418-1929		
	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	Registration Section Division of Corporations P.O. Box 6327 Circle Tallahassee, Florida 32314			
	Enclosed is a check for the following	amount:			
	☑ \$25 Filing Fee	□ \$ 5	55 Filing Fee & Certified Copy		
INHS18	3 (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.

(b) Stellar Electrical Services LLC
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 7011 Oregon Chickadee RD
7011 Oregon Chickadee ND
Brooksville, FL 34613
L16000102498
da 4. Document number
c records of the Florida Dept. of State:
A STREET ADDRESS)
A STREET ADDRESS)
FL 33556
ASTREET ADDRESS) Registered Office address:
Registered Office address:
, _{FL} 34613
der the laws of the State of Florida, it is hereby confirmed that after address of the registered office and the business office of the registered. Ilmited liability company, it is hereby confirmed that the change(s) members of the limited liability company or as otherwise provided in hent of the limited liability company. William Shaun Stranger Printed or typed name of signee and agree to act in this capacity. I further agree to comply with the accept as provided for in Chapter 605, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00