1/6000/67/28

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: September 18, 2018

Order#: 395713/005

Re: STELLAR LAM PHX, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Logan Hall

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

1.	Na	me of the limited liability company: STELLAR LAM F	PHX, LLO	LC	
2.	(a)	12750 Citrus Park Lane, Suite #210	_ (b)	12750 Citrus Park Lane, Suite #210	
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(=/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		TAMPA, FL 33625	<u>-</u>	TAMPA, FL 33625	
		09/07/2016	_	L16000167128	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	STACKHOUSE BOSQUEZ, SUSAN			
		Registered Agent and Registered Office shown on the records of th	e Florida	a Dept. of State:	
		12750 Citrus Park Lane, Suite #210		·	
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	52	
٠		TAMPA	33625	8 SEP 20 PM 1: 14	
	(b)	Corporation Service Company			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office add	dress:	
•		1201 Hays Street			
		NEW Registered Office Address:			
					
		Tallahassee , FL	32301		
the age wa	cha ent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility cor the limit	stered office and the business office of the register ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
		/s/ Nina Eldred	Nina	a Eldred, Authorized Person	
		ure of a member or authorized representative of a member		Printed or typed name of signee	
pro the to t	ovisio obli mere lifyso	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete page gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	erforma for in Ci reby coi	ance of my duties, and I am familiar with and according to the control of the control of the control of the control of the company has been as the control of the control o	ent
ع ا د	natui	e of Registered Agent Corporation Service Company	B1: Uff	race E. Kirby, Assistant Vice President	

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