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COVER LETTER

Division of Corporations	
Elyjo LLC SUBJECT:	
· · · · · · · · · · · · · · · · · · ·	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Chant Karajian	
Name of Person	
10 Stars Property Management LLC	
Firm/Company	
8200 66th St N Suite 2A	
Address	
Pinellas Park, FL 33781	
City/State and Zip Code	
manager@10starshomes.com	
E-mail address: (to be used for future annual	ual report notification)
For further information concerning this matter,	please call:
Chant Karajian	844 707-3773 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	amount:
□ \$25 Filing Fce	☐ \$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.

a) _	8200 66 th St N		(b)	8200 66 th	St N		
··, _	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany:	(0)		failing address of limit (Note: MAY BE PC	•	
	Suite 2A			Suite 2A			
	Pinellas Park, FL 33781			Pinellas Par	rk, FL 33781		
	09/14/2016			L160001716	550		
	Date of filing/registration in Florida		1.	ı	Document number	r	
a)	GARNIER, OLIVIER						
	Registered Agent and Registered Office shown on the re	:					
(b) _	Registered Office Address (MUST BE FLORIDA S SUITE 9C	STREET ADD	RESS)				
	Largo	FL_337	771				
	10 Stars Property Management LLC/Chant Karajian				S AOH 6232		
	Enter name of NEW Registered Agent and/or NEW Registered Agent	egistered Off	ice add	ress:	_	, AÛ	• •
	8200 66th St N						
	NEW Registered Office Address:					P# 6:	
	Suite 2A					9: 	
	Pincllas Park	FL	781				
	mited liability company is not organized under or changes are made, the Florida street addres		isterec	I office and	the business offic	e of the re	gistere

ELISABETH PARISI

DISABETH PARISITION AS 2020 Real Govern

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby account the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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