116000192396

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100300322201

06/16/17--01019--013 **25.00

17 JUN 16 AH II: 36 DIVISION OF CORPORATIONS

TILED AMII:

O SIMMONS

INHS18 (2/14)

FO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: GIOBESTAR DEVELOPMENT LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
LAMONT PETERSON.		
Name of Person		
Colol very Ostrovil - one of		
Globestar DEUElopment Firm/Company		
and the same of th		
8271 NW 34th OR. Address		
Addiess		
OORAL FL. 32122 - City/State and Zip Code		
City/State and Zip Code		
Hilly 12004 6 Gmail . com. E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
10. 5 A=1-0. 12 706 1.22 0		
Name of Person at (786) 422-433 8 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
■ \$25 Filing Fee & Certified Copy		

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. N	ame of the limited liability company: GIOBESTAR DEVELOPMENT
	Principal office address of limited liability company: 33122 (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: 33122 (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	10-18-2016 Date of filing/registration in Florida LAMONT PETERSON: 2 3
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 8271 NW 34 th DRIVE DOGGL - ,FL 33122
(b)	LAShunda BARR'OS. Enter name of NEW Registered Agent and/or NEW Registered Office address: 8271 NW 34 th DR.
	NEW Registered Office Address: OORAL, FL 33122.
the cha agent was/w the art	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company. LAMONT PETERSON Ture of a member or alithorized representative of a member Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been thin writing of this change.