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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email Address: | | | |
|----------------|--|--|--|
| | | | |

LLC REGISTERED AGENT CHANGE STAR PRO, LLC

10 NOV 19 PH 4: 10

| Certificate of Status | 0 | | | |
|-----------------------|---------|--|--|--|
| Certified Copy | 0 | | | |
| Page Count | 02 | | | |
| Estimated Charge | \$25.00 | | | |

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Help

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: STAR P | RO, L | LC_ | | | | |
|--------|---|---------------------|-------------------|--|-------|----------|----------|
| 2. (a) | 6640 Landover Cir | (t | , 6640 La | andover Cir | | | |
| (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | M | ailing address of lim (Note: MAYBE PC | | | |
| | Tallahassee, FL 32317 | | Tallahass | see, FL 32317 | | | |
| | 11/23/2016 | | L160002 | 14446 | | | |
| 3. | Date of filing/registration in Florida | 4. | 1 | Document numbe | r | | |
| 5. (a | , UNITED STATES CORPORATION AGEN | TS, INC. | | | | | |
| J. (u | Registered Agent and Registered Office shown on the records of | of the Florida | a Dept. of State: | | | | |
| | 5575 S. SEMORAN BLVD | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | T ADDRES! | <u> </u> | | | 3[| |
| | SUITE 36 | | | | • | AON 0202 | s-excent |
| | ORLANDO | _{-լ_} 3282 | 2 | | | | 1.7 |
| (b) | Northwest Registered Agent | LLC | | | | 9 AM | ŢŢ |
| (*) | Enter name of NEW Registered Agent and/or NEW Registered | ed Office ad | dress: | | · | | المستدر |
| | 7901 4th St N | | | | 71-1 | 9: 42 | |
| | NEW Registered Office Address: | | | | | | |
| | STE 300 | | | | | | |
| | St. Petersburg, | _{-L} 33702 | 2 | | | | |
| | | | | | | | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

| | • • • | |
|--|---------------------------------|--|
| Morgan Jake | Morgan Noble | |
| Signature of a hember or authorized representative of a member | Printed or typed name of signee | |

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

Signature of Registered Agent