## 117000202384

<u> </u>	None			
(Requestor's Name)				
(Ac	ldress)			
(Address)				
(Ci	ty/State/Zip/Phone	#)		
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(Business Entity Name)				
(Document Number)				
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2018 JUL-2 AH 7: 50
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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	Five Star Space Coast, LLC				
50170		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the fol	llowing:		
Antho	ony P. Valente Jr., Esquire				
	Name of Person				
Law (	Office of Anthony P. Valente Jr.				
	Firm/Company		•		
10126	6 Tarpon Dr.				
	Address		•		
Treas	ure Island, FL 33706				
	City/State and Zip Code		•		
antho	nyvalentejr@verizon.net				
E	-mail address: (to be used for future ann	ual report notifica	ation)		
For fur	ther information concerning this matter,	please call:			
Antho	ony P. Valente Jr., Esquire	727 at (	360-0330		
	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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
	Enclosed is a check for the following amount:				
	<b>■</b> \$25 Filing Fee	<b>□</b> \$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.

1. Na	me of the limited liability company: Five Star Spa	ace Coast, LLC	
2. (a)	4450 W Eau-Gallie Blvd #120	(b) 1640	West Oakland Park Blvd #202
2. (u)	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	(0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Melbourne, FL 32934	Oakla ——	and Park, FL 33311
	00/20/2047		0000004
3	09/29/2017		0202384
3. 5. (a)	Date of filing/registration in Florida Anthony P. Valente Jr.	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of 5100 First Ave N	the Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	St. Petersburg, FI	33710	
(b)	Anthony P. Valente Jr., Esquire		2018 TALL
` /	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	
	10126 Tarpon Drive		TILE JUL-2 M
	NEW Registered Office Address:		E E M
	Treasure Island, FI	33706	7: 50 7: 50 Onlow
the cha agent v was/we	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registered of lability company, of the limited liab e limited liability	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
		Anthony P	P. Valente JR., Esquire
I herei provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ree to act in this is performance of a ed for in Chapter hereby confirm to	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been