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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STAR NG Line ted Liability Company 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:
DIEN PHUC WGUYEN Name of Person
STAR NATUS G' SPA Firm/Company
450061 SR 200 Unit 5 Address
Cullahan FL 32011 City/State and Zip Code
E-mail address: (to be used for fixure annual report notification)
For further information concerning this matter, please call:
THUY pHan at (904) 879-0570 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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. Name of the limited liability company: STT+R NG LIMITED LIABILITY GOMPA	<u>~</u>)
2. (a) STAR NAMES G' CA Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)	<u>4</u>
450061 SR 200 UNIT 5 450061 SR 200 UNIT	5
CALLAHAN, FL 32011 CALLAHAN, FL 3201.	<u>/</u>
9/21/2017	
3. Date of filing/registration in Florida 4. Document number	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: STAR NATE BY SPA Registered Office Address (MUST BE FUNIDA STREET ADDRESS) 45006/ SR 200 UNIT (CALLA HAN FL 3201/ Enter name of NEW Registered Agent and/or NEW Registered Office address: STAR NAIL 4, SPA NEW Registered Office Address: 45006/ SR 200 UNIT 5	
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 register 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 it the articles of organization or the operating agreement of the limited liability company. Signature of member 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and act the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fit 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.	ered n

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

Signature of Registered Agent