

L18000034398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

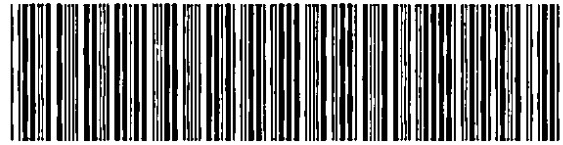
(Business Entity Name)

(Document Number)

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C. GOLDEN  
JUL 13 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Star Innovators, 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:

Christopher Silva  
Name of Person

LLC Star Innovators  
Firm/Company

20132 Heron Crossing Dr  
Address

Tampa, FL, 33647  
City/State and Zip Code

E StarInnovators1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Silva at ( 813 ) 389-8837  
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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 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. Name of the limited liability company: Star Innovations, LLC
2. (a) 20132 Heron Crossing Dr (b) 20132 Heron Crossing Dr  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
Tampa, FL 33647 Tampa, FL 33647
3. ~~2/27/18~~ 2/7/18 4. L18000034398  
Date of filing/registration in Florida Document number
5. (a) Legal Zoom United States Corporation Agents Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
13302 Winding oak court #A Tampa FL 33611  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
13302 Winding oak court  
Tampa FL 33612
- (b) Christopher Silva  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
20132 Heron Crossing Dr  
**NEW Registered Office Address:**  
20132 Heron Crossing Dr - E  
33647 Tampa FL 33647

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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.

[Signature]  
Signature of a member or authorized representative of a member

Christopher Silva  
Printed or typed name of signer

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]  
Signature of Registered Agent