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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Five Star Home Man Name of Limi	nagement, LLC ted 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:				
Matheus Freitas Name of Person	<del></del>			
Five Star Home Management Firm/Company				
2801 NE 1831d Street, 414 Address				
Aventura / Florida 33160 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Matheus Freitas at 7 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			

INHS18 (2/14)

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compositions the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1. Na	ame of the limited liability company:Five	Star Home	Management, LLC
	280   NE   83rd Street, 414  Principal office address of limited liability company  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Aventura, FL 33160		ventura, FL 33160
_	02/16/2018		8000042626
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	United States Corporation A Registered Agent and Registered Office shown on the record	gents . Fuc. ds of the Florida Dept. of S	tate:
	13302 Winding Oak Coult Registered Office Address MUST BE FLORIDA STRE	EET ADDRESS)	_
	Α		<del></del>
	Tampa	.FL 33612	
(b)			2019FEB 15
	The half of the second regard and of the second	tered villet addition.	
	2801 NE 183rd Street, 414 NEW Registered Office Address:	-	THE PARTY OF THE P
	NEW Repisiered Office Andress:		TE C
	Aventura	.FL 33160	
the cha agent v was/wo	imited liability company is not organized under thange or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limite cre authorized by an affirmative vote of the membioless of organization or the operating agreement of	ss of the registered of ed liability company, ers of the limited liab	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
		_	• •
Signat	ture of a newber or authorized representative of a member	<i>J&amp;</i>	Sica Freitas Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as proely reflect a change in the registered office address of the writing of this change.	l agree to act in this c plete performance of n vided for in Chapter ( ss, I hereby confirm th	apacity. I further agree to comply with the ay duties, and I am familiar with and accep 105, F.S. Or, if this document is being filed at the limited liability company has been
<u>Mā</u> Signatu	thus Entro	-	