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COVER LETTER

Division of Corporations	
A Morningstar Trust LLC	· •
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Francisco C Salcedo Molestina	
Name of Person	
A Morningstar Trust LLC	
Firm/Company	
6181 39 Avenue North	
Address	
St Petersburg, Florida 33709	
City/State and Zip Code	
chescosalcedo@hotmail.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	se call:
Francisco C Salcedo Molestina	470 778-8418
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 amo	ount:
☑ \$25 Filing Fee	☐ \$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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 181 39 Avenue North t Petersburg Florida 33709	(b)	Mailing addre (Note: MA	ess of limited liability compa AYBE POST OFFICE BOX 9 AVENUE XIS RSBURG FLUR	any: Y)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 181 39 Avenue North		Mailing addre (Note: MA	ess of limited liability compa	any: Y)
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