Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

<u>....</u>; Ö Account Name : REGISTERED AGENTS INC.

Account Number: 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.** Email Address:_

LLC REGISTERED AGENT CHANGE STAR INNOVATION, LLC

Certificate of Status	0
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JUL 0 9 2019

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. N	ame of the limited liability company: Star Innov	vatio	on, LLC	
2. (a)	111 N ORANGE AVE	(b) P.O. BOX 452255		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	800			
	ORLANDO, FL 32801	_	KISSIM	MEE, FL 34745
	08/21/2018		L180002	200563
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CHAVEZ GARCIA, JOANI G			
J. (<u>u</u>)	Registered Agent and Registered Office shown on the records of the	ie Florid	a Dept_of State	: D:
	89 LAS BRISAS WAY			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>	
	·	3474	3	2019 JUL
(b)	Registered Agents Inc.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Mce at	idress.	FIL.
	7901 4th St N			P Box
	NEW Registered Office Address.			# 2
	STE 300			
	St. PetersburgFLS	3370	2	
the cha agent v was/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the I	he regi bility of the lin imited	stered office ompany, it is nited liability liability com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	Rile	ey Park	Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statities relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he tim spiting of this change.	erform for in ereby c	ance of my a Chapter 605 confirm that i	with I further garee to comply with the

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

Signature of Registered Agent