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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: STARLIN'S ISLAM Name of Lim	ited 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:				
TANYA STARLIN Name of Person				
STAPLIN'S ISLAND LLC Firm/Company				
2427 GRATIA PL Address				
CASSELBORY FC 32707 City/State and Zip Code				
E-mail address: (le be used for future annual report notification)				
For further information concerning this matter, please call:				
TANYA STARUM at (A	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 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: STARLIN'S ISLANY) LC
	2427 GRATIA PL CASSOLDONY FLBDOT (6)2427 GI	LATTA R CASSUBILAY PC 35
	Principal office address of limited liability company: M (Note: MUST BE STREET ADDRESS)	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		20000101-
2		2000218156 Document number
3.		bocument number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	13302 WINDING OAK COUNT A TAMPA FL 330	7 ₂ 12
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		DIR OCT
	, FL	
	Ta 11.0 Stage 1	ASSET R
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	2427 GRATIA PL	(1)
	NEW Registered Office Address:	
	CASSELBERRY FL 35	107
16 tha l	limited liability company is not organized under the laws of the State of Flor	rida, it is haraby confirmed that after
the ch	ange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is	and the business office of the registered
was/w	ere authorized by an affirmative vote of the members of the limited liability	company or as otherwise provided in
the art	icles of organization or the operating agreement of the limited liability com	•
Signa	ature of a member or authorized representative of a member	A STARLIM Printed or typed name of signee
provis the ob to mer	rby accept the appointment as registered agent and agree to act in this capa ions of all statutes relative to the proper and complete performance of my d ligations of my position as registered agent as provided for in Chapter 605, rely reflect a change in the registered office address. I hereby confirm that to d in writing of this change	city. I further agree to comply with the uties, and I am Jamiliar with and accept F.S. Or, if this document is being filed he limited liability company has been

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