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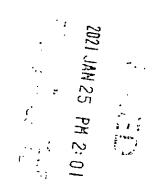
(Re	equestor's Name)						
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Вс	ısiness Entity Naı	me)					
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O SIMMONS FEB 25 2021

COVER LETTER

IO:	Division of Corporations	
SUBJ	ect.	Florida Sunstar Logistics, LLC
aubi	rci:	Name of Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registe	red Office Change and fee(s) are submitted for filing.
Please	return all correspondence concer	ming this matter to the following:
	Barry N. Vooi	η
	Name of Perso	n
	Florida Sunstar Logis	stics, LLC
	Firm/Company	,
	3905 NW 107th A	venue
	Address	
	Doral, Florida 33	3178
	City/State and Zip	Code
	bvoom@voom1av	v .com
ı	E-mail address: (to be used for ful	ure annual report notification)
For fu	rther information concerning this	matter, please eall:
Barry	N.Voom	(708) 326-4210
	Name of Person	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the fo	llowing amount:
	✓ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHSI	8 (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. Na	ame of the limited liability company: Florida Sunstai	r Logist	ics, LLC				
2. (a)	1313 ponce de leon blvd	(b) 1313 ponce de leon blvd					
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address o (Note: MAY B		•	
	#200	_	#200				
	CORAL GABLES, FL 33134	_	CORAL	GABLES, FL 33	3134		
	01/08/2019		L190000	010335			
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	DE LA CAL, MARCO						
J. (2)	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of S	tate:			
	1313 Ponce De Leon Blvd · #200						
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRES:	<u>27</u>			20	
	Coral Gables , FL	3	3134	_		2021 JAN 25	-
(b)	InCorp Services, Inc.				i i		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:		٦.	깘	<u> </u>
	17888 67th Court North					2: 01	••
	NEW Registered Office Address:						
	Loxahatchee .FL	3	 3470	<u> </u>			
the cha agent v was/we the arti	imited liability company is not organized under the law arge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law ware of a member or authorized representative of a member	the regi ability co f the lin	stered off ompany, i nited liabi liability c	ice and the busir t is hereby confi lity company or	ness offic rmed that as otherw	e of the t the chavise pro	registered inge(s)
provisi the obl to merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I have the property of this change. Second S	perform Lfor in (iereby c	ance of m Chapter 6 onfirm the	iv duties, and La 105, F.S. Or, if th at the limited lia	r agree te m familic his docun hility con	o compl ur with i nent is b npany h	y with the and accept peing filed as been

Signature of Registered Agent