119000 132524

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500344163835

05/07/20---01/04---013 **55.00

2020 III 7 - 7 PH 1: 47

RAIRDICH8

MAY 2.7 2020 I ALBRITTON

COVER LETTER

Registration Section Division of Corporations

☐ \$25 Filing Fee

INHS18 (2/14)

TO:

SUBJECT: OSTARA II	LLC	
Name of Limited 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:		
CHRIS PRENTICE	_	
Name of Person CKLK EMPIRE LL		
3959 VAN DYKE RD, STE LUTZ FL 33558 Address	235	
LUTZ FL 33558 City/State and Zip Code		
ck/Kempire@outlook.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
CHRIS PRENTICE at (727 Name of Person		
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 following amount:		

\$55 Filing Fee & Certified Copy

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.

FILING FEE: \$25.00

INHS18 (2/14)