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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: OSTARA III 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 LLC | | | |
| 3959 VAN DYKERD, STE 235 | | | |
| LUTZ FL 33558 | | | |
| City/State and Zip Code CKKEMPICE OUTTOOK. Com E-mail address: (to be lised for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| CHRIS PRENTICE at (727) 453 8318 Name of Person Area Code & Daytime Telephone Number | | | |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 | | | |

□ \$25 Filing Fee

Enclosed is a check for the following amount:

\$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. Name of the limited liability company: OSTARA III LLC | | |
|--|--|--|
| 2. (a) OSTARA III LLC (b) OSTARA III LLC Principal office address of limited liability company: Mailing address of limited liability company: (A) MISTAR STREET ADDRESS. | | |
| (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3959 Van Dyke Rd, Ste 235 Lut 2 FL 33558 Lut 2 FL 33558 | | |
| July 1 2019 Date of filing/registration in Florida 4. Document number | | |
| 5. (a) UNITED STATES CORPORATION AGENTS, INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5575 S. SEMORAN BLVD | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 36 OR LAWDO FL 32822 | | |
| (b) CKLK EMPIRE LLC Enter name of NEW Registered Agent and/or NEW Registered Office address: | | |
| 3959 VAN DYKERD, STE 235 | | |
| L-UTZ ,FL 33558 | | |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Company C | | |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change | | |
| Signature of Registered Agent | | |
| CKLK EMPIRE LLC MEMBER Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| FILING FEE: \$25.00 | | |