Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:						
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LLC REGISTERED AGENT CHANGE STAR DIGITAL MEDIA SOLUTION LLC

Certificate of Status	0
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Corporate Filing Menu

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K. SALY JUL 19 2022

INHS18 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: STAR DIGITAL MEDIA SOLUTION 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:

15129570210

Joshua Murphy				
Name of Person				
Registered Agent Solutions, Inc.				
Firm/Company				
Corporate Center One, 5301 Southwest Pkwy	y, Ste 400			
Address				
Austin, TX 78735				
City/State and Zip Code				
E-mail address: (to be used for future annual report further information concerning this matter, please	call:			
Joshua Murphy	888 705-7274			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	, and a second s			
Enclosed is a check for the following amount:				
\$25 Filing Fee	S55 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.

1. Name of the limited liability company: STAR D	IGITAL MEDIA SOLUTION LLC
2. (a) 618 E SOUTH ST SUITE 50	00 (b) 618 E SOUTH ST SUITE 500
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) ORLANDO, FL 32801	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) ORLANDO, FL 32801
8/26/2020	L20000254509
3. Date of filing/registration in Florida	4. Document number
5. (a) BLUMGERGEXCELSIOR CORPORATE	SERVICES, INC
Registered Agent and Registered Office shown on the records 155 OFFICE PLAZA DRIVE	E, 1ST FL
Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)
TALLAHASSEE	FL 32301
(b) Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered 155 Office Plaza Dr.	
NEW Registered Office Address:	
Suite A	
Tallahassee	_{FL} 32301
the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited	claws of the State of Florida, it is hereby confirmed that after s of the registered office and the business office of the registered d liability company, it is hereby confirmed that the change(s) ers of the limited liability company or as otherwise provided in the limited liability company.
/s/ Balachander Venkataramanan	Balachander Venkataramanan Authorized Person
Signature of a member or authorized representative of a member	Printed or typed name of signee
provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as prove to merely reflect a change in the registered office address notified in writing of this change.	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and accept ided for in Chapter 605, F.S. Or, if this document is being filed s, I hereby confirm that the limited liability company has been
Signature of Registered Agent	