L20000374037

(Requestor's Name)				
(Address)				
(Address)				
(City	//State/Zip/Phone	≥ #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
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COVER LETTER

TO:

INHS18 (2/14)

	egistration Section ivision of Corporations					
SUBJECT		SANDY STAR VENTURES, LLC				
SODULC:	Name of Limited Liability Company					
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.			
Please retu	ırn all correspondence concernir	ng this matter to th	e following:			
Lindsey Bu	iis					
	Name of Person					
SPI Corpor	rate Solutions, Inc.					
	Firm/Company					
524 S. 2nd	Street, Ste. 505					
	Address		.			
Springfield	I, IL 62701					
	City/State and Zip Co	ode				
info@urag	ents.com					
E-m	ail address: (to be used for future	e annual report no	tification)			
For furthe	r information concerning this ma	atter, please call:				
Lindsey Bı	uis	217 at (501-4283			
	Name of Person	u. (Area Code & Daytime Telephone Number			
R D P	lailing Address: egistration Section ivision of Corporations .O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E	nclosed is a check for the follo	wing amount:				
	\$25 Filing Fee		\$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.

	Name of the limited liability company: 3210 Wyndmere Drive, Dallas, TX 75082	55 West Monroe Street, Ste. 3600 Chicago, IL 60603		
2. (a	Principal office address of limited liability company:	(b)	(b) Mailing address of limited liability company:	
	(<u>Note: MUST BE STREET ADDRESS</u>)		(Note: MAY BE POST OFFICE BON)	
				
	10/07/2021	L2000037	4037	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	H. RICHARD BISBEE, P.A.			
٥. (د	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	te:	
	1882 CAPITAL CIR NE #206			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<u> </u>	
			~ •	
	Tallahassee	32308	_	
	, FL	·	- نــــــــــــــــــــــــــــــــــــ	
(b	Universal Registered Agents, Inc.			
, -	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_	
	1317 California Street			
	NEW Registered Office Address:		-	
		/	_	
	Tailahassee	32304		
chang agent was/\	limited liability company is not organized under the lay ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an afformative you of the members of ticles of organization or the operating agreement of the	registered office ar ability company, it of the limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
		Arthur Hood		
Sign	nature of a member or authorized representative of a member	-	Printed or typed name of signee	
provi the o to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide trely reflect a change in the registered office address, I h ed in writing of this change.	nertormance of my	duties, and Lam tamiliar with and accept	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00