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.

(((H24000043429 3)))



H240000434293ABC

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lo:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SPI AGENT SOLUTIONS, INC.

Account Number : I20230000143 Phone : (888)314-3998 Fax Number : (518)514-1288

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

Email Address:\_

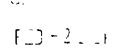


## LLC REGISTERED AGENT CHANGE BRITE STAR DEVELOPERS, LLC

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## COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	BRITE STAR DEVELOPERS,	LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limi	ited Lia	bility Company
Dear Sir	or Madam:			
The encl	osed Registered Agent/Registered	l Office Change	e and fi	ce(s) are submitted for filing.
Please re	turn all correspondence concernit	ig this matter to	o the fo	ollowing.
Joe DiGa	ietano			
	Name of Person			_
SPI Agei	nt Solutions, Inc.			
	Firm/Company			_
524 S 2n	d St Ste 505			
	Address			_
Springfic	eld II. 67201			
	City/State and Zip Co	ode		_
H-r	nail address; (to be used for future	e annual report	notific	ation)
For furth	er information concerning this ma	uter, please cal	11	
Joe DiGa	etano	512 at (	2	309-1153
	Name of Person			Area Code & Daytime Telephone Number
1 ] 1	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
1	Enclosed is a check for the follow	wing amount:		
į	□ \$25 Filing Pee		□ S55	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.

I. N	Same of the limited liability company: BRFTE STAR DE	:VELQ	PERS, LL	<u>.                                    </u>				
2. (a)	3210 WYNDMERE DRIVE		(b) 3210 WYNDMERE DRIVE					
2. (0)	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)	_		Mailing address of li (Note: MAY BE	•	•	•	
	Richardson, TX 75082		Richa	rdson, TX 75082				
		<u> </u>						
	12/31/2020		L21000	0009479				
3.	Date of filing/registration in Florida	- -1.		Document numb	ber .	·		
5. (a	UNIVERSAL REGISTERED AGENTS, INC							
\u	Registered Agent and Registered Office shown on the records of the Florida Dept. of State							
	Registered Office Address (MUST BE FLORIDA STREET)							
	1317 CALIFORNIA ST.				(A) T	~		
	TALLAHASSEE, FI	32304			EGA: TALL	2024 FEB	-1 <u>1</u>	
(b)	SPI AGENT SOLUTIONS, INC.				AHASSEI	B -	#321m	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				SSEE, FI			
	NEW Registered Office Address:				L	AM 10: 28		
	1540 GLENWAY DR							
	TALLAHASSEE FL	32301						
chang agent was/v	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 have evere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe bility of the li	ered office company, imited lia	e and the business of at is hereby confirm bility company or as	ifice of the ri led that the c	egiste hange	red :(s)	
	Arthur Hood	<u> </u>	rthur Hood	l Manager				
Sign	ature of a member or authorized representative of a member		<u> </u>	Printed or typed no	ame of signce			
provi the of to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete obligations of my position as registered agent as provided rely reflect a change in the registered office address. It ed in writing of the change.	ev to a perfor l för ir ierehy	ict in this mance of i Chapter confirm i	capacity. I further a my duties, and I am 605, F.S. Or, if this hat the limited liabil.	igrev to com familiar wib document i ity company	ply wi h and s hein has b	ith the accept g filed een	
Signal	ture of Registered figent							