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(Red	questor's Name)	·-
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
BRITE STAR DEVELOPERS, LLC SUBJECT:	
	ed 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:
Lindsey Buis	
Name of Person	
SPI Corporate Solutions, Inc.	
Firm/Company	
524 S. 2nd Street, Ste. 505	
Address	
Springfield, IL 62701	
City/State and Zip Code	
info@uragents.com	
E-mail address: (to be used for future annual report r	notification)
For further information concerning this matter, please call	:
Lindsey Buis 217	501-4283
Name of Person	Area Code & Daytime Telephone Number
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:	
■ \$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.

	me of the limited liability company:			5, LLC 55 West '	Monroe Street, Ste. 3600 Chicago, IL 606
(a)	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)	_	(b) _		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Date of filing/registration in Florida	- - 4.	L2	1000031	1586 Document number
(a)	Registered Agents Inc.				
	Registered Agent and Registered Office shown on the records of to 7901 4TH ST N STE 300 SUITE 3600 Registered Office Address (MUST BE FLORIDA STREET A			ept. of Sta	tate:
	St. Petersburg, FL_	33702			
(b)	Universal Registered Agents, Inc.				022 J
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	iddre	:55:	
	1317 California Street				
	NEW Registered Office Address:				SPIN 4: 22 RY OF STATE RY OSSEE, FL
	Tallahassee	32304			F • 1
inge ni v s/we	imited liability company is not organized under the law or charges and made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagra authorized by an arthmative vote of the members of cless of organization of the operating agreement of the	registe bility of the li limited	red on properties of the control of	office ar pany, it d liabili	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided
ignat	ture of a member or authorized representative of a member	_			Printed or typed name of signee
erel	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p	ee to a perfori	ct in nanc	this cap	pacity. I further agree to comply with y duties, and I am jamiliar with and ac
ovisi Pobli mere tified	ons of all statules relative to the proper and complete j igations of my position as registered agent as provided ly reflect a change in the registered office address. I h I in writing of this change.	(for in ereby	Cho conf	ipier ov irm that	os, r.s. Or, if this accument is being for it the limited liability company has bee