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.

(((H24000043423 3)))



H240000434233ABCVV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

di dikandari dan manamatan menengan menengan menengan menengan mengapan 175 paga 170 pagaban mengangan menenggan men

io:

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 INVESTORS LLC

Certificate of Status	Ü
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



From: Lindsay Gat

## COVER LETTER

	distration Section rision of Corporations				
SUBJECT:	BRITE STAR INVESTORS LLC  Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclose	d Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.		
Please retur	n all correspondence concernin	g this matter to the	following.		
Joe DiGaeta	no				
	Name of Person				
SPI Agent S	olutions, Inc.				
	Firm/Company		<del></del>		
524 S 2nd Si	t Ste 505				
	Address		<del></del>		
Springfield I	1, 67201				
	City/State and Zip Co	de	<del></del>		
18-mai	l address: (to be used for future	annual report noti	tication)		
For further	information concerning this ma	tter, please call:			
Joe DiGaeta	no	512 al (	309-1153		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Div P C	illing Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Eng	closed is a check for the follow	ring amount:			
<b>a</b> \$	525 Filing Fee	<u> </u>	555 Filing Fee & Certified Copy		
INHS18 (2/1	4)				

## 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.

L. Na	me of the limited liability company: BRITE STAR INV	ESTOR	.S I I	LC
2. (a)	3210 WYNDMERE DRIVE Richardson, TX 75082	( )	.ii	210 WYNDMERE DRIVE Richardson, TX 75082
. (u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	_ (	_	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	01/14/2021	_	 L2	21HNHU31586
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	UNIVERSAL REGISTERED AGENTS, INC			
	Registered Agent and Registered Office shown on the records of the Registered Office Address    (MUST BE FLORIDA STREET A 1317 CALIFORNIA ST.		·	· 
	TALLAHASSEE FI.	32304		2024 F SECTAL
(b)	SPI AGENT SOLUTIONS, INC.			2024 FEB - SEUNCHAP TALLAP
·	Enter name of NEW Registered Agent and/or NEW Registered (	Office ad	idres	B-I AMIO: 23 AHASSEE, FL
	NEW Registered Office Address:			
	1540 GLENWAY DR			<sub>m</sub> ω
	TALLAHASSEE, FL	32301		
change agent v was/we the arti	imited liability company is not organized under the law, or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited habere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lift Arthur Hood	egistero pility co the lim imited l	ed o ompa vited viabi	office and the business office of the registered any, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	ture of a member or authorized representative of a member			Printed or typed name of signee
I here provisi the obl to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he I'm writing of this change.	erform	ance	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept