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Office Use Only



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JUN 2 2 2022 S. PRATHER

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations GOLDSTAR REAL ESTATE PARTNERS, LLC SUBJECT: 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: LOVETTE DOBSON Name of Person INCFILE.COM LLC Firm/Company 17350 STATE HWY 249 #220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON 888 462-3453 Name of Person Area Code & Daytime Telephone Number Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: S25 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.

1. Na	ame of the limited liability company: GOLDSTAR RE	AL EST	ΓΑΤΉ	PARTN	NERS, LLC	
2. (a)			(b)			
(-/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ζ.,.		Mailing address of I	limited liability company: POST OFFICE BOX)
	19373 STONEBROOK ST			8 SPRIN	NG ST APT 44	
	WESTON, FL 33332		- -	WALLIN	IGTON, NJ 07057	
	02/22/2021		1.3	21000088	8837	
3.	Date of filing/registration in Florida	4.	_		Document num	ber
5. (a)						
$J_{+}(a)$	Registered Agent and Registered Office shown on the records of	the Flor	rida D	ept. of Su	ate:	
	CLIFFORD MATHIEU					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				P., 29	
	19373 STONEBROOK ST					220 / גבטיי
	WESTON . FI	33332			_	TILED 2022 APR 29 PH ALLAHASSEE, I
						<u> </u>
(b)	Enter name of NEW Registered Agent and/or NEW Registered				_	OF S
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office	addr	ess:) H 1: 26 F STATE F LORID
	Daniel Luzon					DA 16
	NEW Registered Office Address:				<u> </u>	
	408 Ne 6th Street Unit #533				_	
	Fort Lauderdale FI	Florida	a			
change agent v was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of the li limited	ered com imite d lial	office ar pany, it ed liabili pility cor	nd the business of is hereby confirm ity company or as mpany.	ffice of the registered
<u> </u>	Arti of a member or authorized representative of a member	<u> </u>	unor	d Mathie	Printed or typed n	ame of signar
I here provisi the oblate to mere notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	ree to a perfori d for in hereby	nct in mana n Cha conf	this cap ce of my upter 60. irm that	nanies I famelana	