## [21000 200 [55]

(Address)	700408692277	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	05/25/2301011-023 ++25	.00
(Business Entity Name)  (Document Number)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Joyful Star LLC	
SUBJECT: Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
ToniAnn Hanna Batista	
Name of Person	
Joyful Star LLC	
Firm/Company	
7901 4th St N, STE4000	
Address	
St. Petersburg, FL 33702	
City/State and Zip Code	
joyfulstarllc@gmail.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
ToniAnn Hanna Batista at (	561 , 8264509
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amou	nt:
\$25 Filing Fee	☐ \$55 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

orida. Nor	ne of the limited liability company: Joyful Sta						
	7901 4th St N, STE 300	(b)	7901 4th	St N, STE	4000	<del></del>	
(a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	./	Mailing address o (Note: MAY B	Climited lia EE POST O	ibility con FFICE B	npany: : <i>OX</i> )
	St. Petersburg FL 33702	<del>_</del>	St. Pete	ersburg FL	33702	<del></del>	
	04/29/21			0200651			
i.	Date of filing/registration in Florida	4.		Document no	umber		
	Registered Agent and Registered Office shown on the records						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS		-			
(h)	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS		-	-	Lu-JHAY26	, , , , , , , , , , , , , , , , , , , ,
(b)	Registered Office Address (MUST BE FLORIDA STREE	<i>T ADDRES</i> :	5)	- - -	-	LulhAY26 Ari	
(b)	Registered Office Address (MUST BE FLORIDA STREE	<i>T ADDRES</i> :	5)	- - -		26 ਕਰ ਹ	
(b)	Registered Office Address  (MUST BE FLORIDA STREE)  THEY IS LET BE ADDRESS INC.  Enter name of NEW Registered Agent and/or NEW Registered.	<i>T ADDRES</i> :	5)	- - -		26	

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

ToniAnn Hanna Batista Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect and hange in the registered office address, I hereby confirm that the limited liability company has been matigal in writing of this chapter. natified in writing of this change.

wid Coens Da

David Roberts - Assistant Secretary

Signature of Registered Agent