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(Requestor's Name)				
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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Susiness Elikty Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: FIVE STAR MTK Name of Limited Liability Company				
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:				
JEFFREY M KNOHUL Name of Person				
FIVE STAN MTK				
125) CROWN PT Address				
WELLINGTON FL 33414 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
JEFFREY M KUDL (631) 767 6002 Name of Person Area Code & Daytime Telephone Number				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				
Enclosed is a check for the following amount:				
□ \$25 Filing Fee				
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.

1. Na	me of the limited liability company: FIVE STE	M_	MTK LL	<u> </u>
2. (a)	1251 CROWN PT (b)_	1251	crown Pt	•
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Ŋ	dailing address of limited lia (Note: MAY BE POST O.	
	WELLINGTON, PL 33414	nell	INGTON FL	
,			000 39 0 63	<u>8</u>
3.	* -		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida De	TNC pt. of State	::	
	7901 4th ST. NORTH			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Suite 300		-	
	ST Petersburg FL FL 33	702		
(b)	Jeffrey M Kindrick			FILE 2024 AUS 30
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address	<u>ss</u> :	•	AUG FI
	17 M COOLIN P.+		- ,	FILE
	1251 CROWN PT. NEW Registered Office Address:		- 	PH D
	WELLINGTON FL 3341	ł	ন্	ED PH 3: 46
		+	· · · · · · · · · · · · · · · · · · ·	्रम्म कि
	. FL		-	
change agent w was/we	mited liability company is not organized under the laws of the Sta or changes are made, the Florida street address of the registered of till be identical. Or, in the case of a Florida limited liability comp re authorized by an affirmative vote of the members of the limited cles of organization or the operating agreement of the limited liab	office and any, it is d liability	I the business office of hereby confirmed that company or as otherw	the registered the change(s)
		DET	Printed or typed name of si	onux
	ore of a people of sumofized epresentative of a member on a proposition of a registered agent and agree to act in		••	-
provision the oblication to mere	ions of all statutes relative to the proper and complete performance igations of my position as registered agent as provided for in Charles reflect a change in the registered office address. I hereby confit in writing of this charge	e of mv a pter 605, rm that t	luties, and I am familia F.S. Or, if this docum he limited liability com	ent is being filed pany has been pany has been
Signardi	e of Registered Regi			
	Division of Corporations P.O. Box 6327	Tallahas	see, FL 32314	

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: FIVE STAR2 Name of Limit	MTK red Liability Company			
Dear Sir or Madam:	y and approximately			
	15 ()			
The enclosed Registered Agent/Registered Office Change	_			
Please return all correspondence concerning this matter to	the following:			
JEFFREY M KVORIC	<u>H</u>			
FIVE STAN MTK				
125) CROWN PT Address				
WELLINGTON FL 33414 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
DEFFREY M KUDLIGHT 631, 767 6002 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			
	1			

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.

1. Name of the limited liability company:	MTK LLC
	crown Pt
	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	INGTON FL 33414
SEPT. 01 2021 L21	000390638
	Document number
5. (a) RILEY PARK, REGISTERED Agents INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	·
7901 4th ST. NORTH	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Suite 300	
ST Petersburg FL, FL 33702	•
(b) Jeffrey M Kindick	202
Enter name of NEW Registered Agent and/or NEW Registered Office address:	ALL T
1251 CROWN PT.	30
NEW Registered Office Address:	PA
WELLINGTON FL 33414	17. E
	FILED PH 3: 47
, FL	
If the limited liability company is not organized under the laws of the State of Flor change or changes are made, the Florida street address of the registered office and agent will be identical. Or, in the case of a Florida limited liability company, it is was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability company.	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	• • • • • • • • • • • • • • • • • • • •
Thereby accept the appointment as registered agent and agree to act in this capacity provisions of all statutes relative to the proper and complete performance of my distinct the obligations of my position as registered agent as provided for in Chapter 605, to merely reflect a change in the registered office address. I hereby confirm that the notified in writing of this change	city. I further agree to comply with the uties, and I am Jamiliar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signature of Registered Registered Securit	
Division of Corporations P.O. Box 6327 Tallahass	see, FL 32314

FILING FEE: \$25.00