Division of Corporations

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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

in 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 STARTRIGHTFL LLC

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## 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: STARTRIGHTFL	LLC		
2. (a	) 6929 N HAYDEN RD STE C4-138	(b) 6929 N HAYDEN RD STE C4-138		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Scottsdale, AZ 85250	Scottsdale	e. AZ 85250	
	02/02/2022	L22000056	402	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	LEGALINC CORPORATE SERVICES INC.			
	Registered Agent and Registered Office shown on the records of t	be Florida Dept. of Sta	 te:	
	476 RIVERSIDE AVE.		Si 283	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2024 FEB	
	JACKSONVILLE , FL	32202	FEB-6 AMI	
(b	Registered Agents Inc		AM 10: 09 SSEE, FL	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	<b>「無 3</b>	
	7901 41h St N		_	
	NEW Registered Office Address:		-	
	STE 300		_	
	St. Petersburg, FL_	33702		
the clagent was/ the a	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered officibility company, it fithe limited liability.	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
i	John Market of a member of authorized representative of a member	Robin Jones		
			Printed or typed name of signee	
provi the o to me	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p pligations of my position as registered agent as provided rely reflect a change in the registered office address, I he ed in writing of this change.	ee to act in this cap performance of my I for in Chapter 60, pereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
	Out David Roberts - Assistant Se	ecretary		