## 122000168722

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	<del>= #)</del>
<u></u>	WAIT	
(Bu	siness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200387875502

05/23/22--01020--089 \*\*25.00



1/

## **COVER LETTER**

	Registration Section Division of Corporations					
SUBJEC	Alpha Star Co., LLC					
Name of Limited Liability Company						
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered Office (	Change and	fee(s) are submitted for filing.			
Please ro	eturn all correspondence concerning this m	atter to the f	ollowing:			
Anajara (	Gazzalle					
	Name of Person		_			
Alpha St	ar Co., L.L.C					
	Firm/Company		_			
1317 Edg	gewater Dr #6266					
-	Address		<del>_</del>			
Orlando	FL 32804					
-	City/State and Zip Code		_			
	ANN AND AND AND AND AND AND AND AND AND					
E-1	mail address: (to be used for future annual	report notifi	cation)			
For furth	her information concerning this matter, ple	ase call:				
	Anajara Gazzalle	at (	677 9705			
	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 am	ount:				
	■ \$25 Filing Fee	<b>Q</b> \$5	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 Florida.

(a)		(b)	
. , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5667 Elmhust Cir, Apt. 101		
	Oviedo, FL. 32765		
	April 07 2022	L220	00168722
	Date of filing/registration in Florida	4.	Document number
(a)			
(4)	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:
	United Agent Services LLC		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>
	9100 Conroy Windermere Rd #200-UAS		PIZZ MAY 23
	Windermere	. 34786	MAY 23 PI
	, F	l	
ሴነ			
(h)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	
	Zackary Close		
	NEW Registered Office Address:		<del></del>
	1317 Edgewater Drive		
	Orlando , F	L 32804	
nge nt v :/we	Orlando , F  imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li cre authorized by an affirmative vote of the members the of organization or the operating agreement of the	L	ice and the business office of the registery, it is hereby confirmed that the changiability company or as otherwise providity company.
0	majara vassalle		ANAJARA GAZZALLE
erel	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ons 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, I	ree to act in the e performance of ed for in Chapt	Printed or typed name of signee is capacity. I further agree to comply with th of my duties, and I am familiar with and acce er 605, F.S. Or, if this document is being file