## Florida Department of S

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 : (800)432-3622 Fax Number

\*\*Enter the email address for this business entity to be used for future 22 annual report mailings. Enter only one email address please.\*\* نن

Email Address:\_\_

## LLC REGISTERED AGENT CHANGE STAR BRITE EUROPE, LLC

Certificate of Status	0
Certified Copy	0
rage Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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NIG 25 2022 K Brumbley

## (((H22000286698 3)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections of submits the following statement in ord Florida.	os.0114 or 603.0116 er to change its re STAR BRITE	gistered offi	ce or registered agent, or but	h, in the State of	
1. Name of the Limited Liability Compar		LONO	L, LLO		
2. (a) 1601 SE 10TH STREET		(ъ) 1	601 SE 10TH STREET	·	
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited hability company. (Note: NAY BE POST OPPICE BOX)		
FORT LAUDERDALE, FL 33314		<u>_</u>	FORT LAUDERDALE, FL 33314		
7/17/1989 3. Date of filing/registratio	n in Florida	<u>L2</u>	2000337162 Document number	<u></u>	
5. (a) DORNAU, PETER					
Registered Agent and Registered Office	shown on the records of	the Florida De	ot, of State:		
1601 SE 10TH STREET Registered Office Address AFOST A	E FLORIDA STREET	ADDRESS)			
FORT LAUDERDALE	, FL	, 33314		202 SE	
(b) Capitol Corporate Services	s, Inc.			<b>2 A</b>	
Enter name of NEW Resistered Asypt	and/or NEW Registered	Office address	<b>5</b>	AUG 24 CARETAGA TARASSE	
515 East Park Avenue 2nd	FI				
NEW Registered Office Address:				AH II:	
Tallahanan		20204		: 25	
Tallahassee	, FL	_32301	<del></del>		
If the timited liability company is not orgonomed to change or changes are made, the Floragent will be identical. Or, in the case of war/were authorized by an affirmative vehicles of organization or the operation	ida stroot address of Fa Florida limited b ote of the members o	the register ability comp of the limited	od office and the business office any, it is hereby confirmed that I liability company or as otherwi	the change(s)	
			ack Ezzel		
Signature of Member or authorized represental I hereby accept the appointment as regis provisions of all statutes relative to the parties of the position as register the abiligations of my position as register o merely reflect a change in the register notified in writing of this change.	stered agent and age proper and complete ed agent as provide ed office address, I				
Signature of Registered Agent			ssistant Secretary on		
		•	Corporate Services, Inc.		
Division of Co		Box 6327• T EE: \$25.00	allahassee, FL 32314		

INHS18 (2/14)

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