6/20/24, 4 2:46 PM Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone

: (307)200-2803 : (813)436-5206

Fax Number

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

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LLC REGISTERED AGENT CHANGE STARPOINT SOLUTIONS 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. Na	ame of the limited liability company: STARPOINT SO	LUTIO	NS LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
.,		- -		
	10/01/2022		L22000	0425477
3. 5. (a)	; Date of filing/registration in Florida JACKSON, AMANI, MS	4.		Document number
. , .,	Registered Agent and Registered Office shown on the records of the 1060 E WABASH ST	State:		
	Registered Office Address (MUST BE FLORIDA STREET A			
	BARTOW .FL	33830		- CART
(b) ; ;n ;.	REGISTERED AGENTS INC	FILED PH SECRETARISSEE F		
	Enter name of NEW Registered Agent and/or NEW Registered Office address: 7901 4TH ST N			FILED A JUN 20 PH 1: 27 LUAHASSEE FLORID.
	NEW Registered Office Address:			
•	STE 300			<u> </u>
	ST. PETERSBURG	33702		
change agent was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of the state of t	registe bility c f the lin imited	red office ompany, nited lial	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
I here provisi the obl to mer notified	hy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha I in writing of this change.	e to ac perforn for in ereby c	et in this sance of Chapter confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
J.)0	re of Registered Agent			