L23000311417

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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#25.00 [F.]: [F.] | 18 PH 2: 4 SECRETARY OF \$1.3 FALLAHASEE, 51.3

COVER LETTER

11163	D. C. C.		4	•		4	
TO:	Registration Section						
	Division of Corporations			•	į,	•	
	ConcretStar LLC						
SUBJ	JECT:						
	Na	ame of Limited	Liability Company				
Dear	Sir or Madam:						
170111	on to material						
The e	nclosed Registered Agent/Registered O	ffice Change ar	nd fee(s) are submitted for	filing.			
Please	e return all correspondence concerning t	this matter to th	e following:				
	γ		- · · · · · · · ·				
CHAI	O SAKONCHICK						
	Name of Person				7.0	22	
					₩.	72	
Better	Legal Inc				二百百		
-	Firm/Company					1 8 T	
					74.4 180	-p	
5473	Blair Rd., Suite 100, PMB 35833				(1) 27 (1) 27 (1) 47	PH 2	
	Address				117	2021 HAR 18 PH 2: 46	
5 11	TV 76221				, į	ที่ 💇	
Dallas	s, TX 75231						
	City/State and Zip Code						
filing	s@betterlegal.com						
_	E-mail address: (to be used for future a	nnual report not	tification)				
		•	ancarron,				
For fu	arther information concerning this matte	er, please call:					
СНАІ	O SAKONCHICK	+) at (512-969-2339				
	Name of Person		Area Code & Daytim	e Telepl	hone Nur	ıber	
	Mailing Address:		Street Address:				
	Registration Section		Registration Section	m			
	Division of Corporations		Division of Corpor				
	P.O. Box 6327		•				
			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	Tallahassee, FL 32314				inte 810		
			Tallahassee, FL 32	303			
	Enclosed is a check for the following	ng amount:					
	■ \$25 Filing Fee	-	\$55 Filing Fee & Certific	d Conv			
		_	and i mig i co de contine				

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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:						
2.	(a)	I FENCELINE DR		(b)	1 FENCEL	INE DR		
2.	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0,		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		GAITHERSBURG			GAITHERS	BBURG		
		MD 20878	<u> </u>		MD 20878			
		06/29/2023		1	_230003114	17		
3.		Date of filing/registration in Florida	4.	-]	Document number		
5. ((a)	UNITED STATES CORPORATION AGENTS, INC.				20 0		
	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 476 RIVERSIDE AVE.						
		Registered Office Address (MUST BE FLORIDA STREET A	1DDRI	ESS)	,	10.77		
			32202	2		PM 2: 46		
	(b)	Registered Agents Inc				m O		
	(0)	Enter name of NEW Registered Agent and/or NEW Registered						
		7901 4th St. N						
		NEW Registered Office Address:		_	<u> </u>			
		STE 300						
		St. Petersburg , FL	33702	2				
ch ag wa the	ange ent v is/wo arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law	regist bility f the l limite	tered cor limi ed lia	d office and npany, it is ted liability ability comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
_	Gi	bedia Agou ure of a member or authorized representative of a member	G	ibed	ia Agou	District on the control of the contr		
pro the to no	herei ovisi obl mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change. I writing of this change.	perfor I for in ereby	act i rmai n Ci coi	n this capa	Printed or typed name of signee city. I further agree to comply with the cities, and I am familiar with and accept F.S. Or, if this document is being filed are limited liability company has been		
21	gnatu	re of Registered Agent						