## M030000447

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(Ad	ldress)	
(Ad	ldress)	·
(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: My Wandering Star, LLC. (Name of	f Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Michelle Beal		
(Name of Person)	TAL SI	
My Wandering Star, LLC.	7 OCT	
(Firm/Company)	SX O	
11009 Woodland Waters Blvd.	PH 1: L6	
(Address)	PRIDE TO LE	
Weeki Wachee, FL, 34613		
(City/State and Zip Code)		
For further information concerning this ma	utter, please call:	
Jon Beal	at (352 ) 799-8398	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ing amount:	
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

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1. The name of the lin	nited liability company is:	My Wandering Star, LLC.		
2. The mailing address	s of the limited liability co	ompany is : 459 Grelle Avenue, E	Brooksville, FL 34601	
February 5, 2003		M03000000447		
3. Date of filing/registration in Florida		4. Document num	4. Document number	
5. The name of the reg Florida Department		stered office address as shown of	on the records of the	
	Michelle Beal		- •	
		Name	O: AL	
	459 Grelle Avenue		CCR CCR	
	Address		E C N	
	Brooksville, FL 34601		SSS 5	
	City,	State and Zip	m <sub>C</sub> 7	
6. The name and addre	ss of the new registered a	gent and/or office:	PH :	
	Michelle Beal		L 6	
		Name		
	11009 Woodland Wat	ers Blvd.		
	Florida street address	s (P.O. Box NOT acceptable)		
	Weeki Wachee	FL 34613		
	City, S	tate and Zip		
confirmed that after the and the business office liability company, it is of the members of the or the operating agreen	e change or changes are more of the registered agent with hereby confirmed that the	under the laws of the State of F hade, the Florida street address of ill be identical. Or, in the case of change(s) was/were authorized or as otherwise provided in the y company.	of the registered office of a Florida limited I by an affirmative vote	
Michelle Beal				
(Printed or typed name of sign	ice)			
Malle		gent and agree to act in this cape to the proper and complete pe s of my position as registered a filed to merely reflect a change y company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agen	(t)			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00