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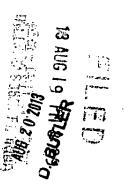
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CONTACT:	Kim Weidenbach	A B G G G G G G G G G G G G G G G G G G
DATE:	08/19/13	The second secon
REF. #:	<u>8867895</u>	· · · · · · · · · · · · · · · · · · ·
CORP. NAME:	ALTONSTAR LLC	
	( ) TRADEMARK/SERVICE MARK CATION ( ) LIMITED PARTNERSHIP ( ) MERGER	( ) ARTICLES OF DISSOLUTION ( ) FICTITIOUS NAME ( ) LIMITED LIABILITY ( ) WITHDRAWAL  FOR \$ 55.00
AUTHORIZATI	ON FOR ACCOUNT IF TO BE DEBITE	D:
	COST LI	MIT: \$
PLEASE RETUI	OPY ( ) CERTIFICATE OF GOOD STAN	IDING ( ) PLAIN STAMPED COPY
Examiner's Initial	S	O. BUTLER

## 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.

1. Name of the limited liability company: Altonstar LLC		<u> </u>
<ol> <li>(a) Principal office address of limited liability compan (<u>Note: MUST BE STREET ADDRESS</u>)</li> </ol>	y;	
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		3
5/22/2008	M08000002423	29
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept	t. of State:
Registered Agent:	Elen Rose	<del></del>
Registered Office Address:	2699 S. Bayshore Drive Miami, FL 33133	
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	United Corporate Services, Inc.  9200 South Dadeland Boulevard  Suite 508	
	Miaml.	,FL 33158
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identicable to the change of the limited liability company or as otherwise operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	torida street address of the regitical. Or, in the case of a Florial was/were authorized by an af	istered office da limited firmative vote of
ROBERT CAYRE		
Printed or typed name of signee	<del></del>	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my pochapter 608. F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	ngree to act in this capacity. I oper and complete performant stiton as registered agent as p erely reflect a change in the res ty has been notified in writing (	further agree to ce of my duties, rovided for in zistered office of this change.

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