M14000007408

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

Office Use Only



700412721087

VLURE GATT CONTROL ST

FILED
2023 AUG 14 AM II: 16

1023 AUG 14 PH 3: 24

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195								
REFERENCE : 918291 8420367								
AUTHORIZATION: CAMES CEMAN								
COST LIMIT : \$ 25.00								
ORDER DATE : August 3, 2023								
ORDER TIME : 1:57 PM								
ORDER NO. : 918291-050								
CUSTOMER NO: 8420367								
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
CHANGE OF AGENT								
NAME: STARR RESTAURANT ORGANIZATION GP, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Evliena Baker								

EXAMINER'S INITIALS:

## 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	me of the limited liability company: STARR RESTAL	JRANT ———	0 —	RGANIZA	ATION GP, LLC		
2.	(a)	134 MARKET STREET	(	(b) 134 MARKET STREET				
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		PHILADELPHIA, PA 19106			PHILADE	ELPHIA, PA 19106		
				•				
			_					
		10/13/2014			M1400000	07408		
3.		Date of filing/registration in Florida	4.			Document number		
5.	(a)	Registered Agent and Registered Office shown on the records of the		_		_		
		Registered Agent and Registered Office shown on the records of the REGISTERED AGENT SOLUTIONS, INC.	ie Florid	la I	Dept. of State	te:		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	S)	<del>-</del>	_		
		2894 REMINGTON GREEN LANE SUITE A						
		TALLAHASSEE FL_	32308	'		2023 AUG		
						AND TI		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>			ress:	SSE SE		
						AUG IL AMII: 16 AHASSEE, FLORIDA		
		Corporation Service Company				FER E		
		NEW Registered Office Address:				10 _A		
		1201 Hays Street				- -		
		Tallahassee FL_	32301		<del>-</del>	_		
cha age wa:	inge ent w Swy	mited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	egister oility co the lin imited	ed om nit lia	office and spany, it is ed liability bility com	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.		
	$\supseteq$	use of a member or authorized representative of a member	Jill —	Ci —	lmi, Autho	Printed or typed name of signee		
I No protein the not	ereb visio obli nere ified	y accept the appointment as registered agent and agree on sof all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.  Grand Gra	erform for in ( creby c	ian Ch on	ice of my d apter 605, firm that t	acity. I further agree to comply with the duties, and I am familiar with and accept		
Sig	nattir	e of Registered Agent						