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D. BRUCE JAN 05 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2016

DONNA BERTUCCI CORPORATE DIRECT, INC 2248 MERIDIAN BLVD., SUITE H MINDEN, NV 89423

SUBJECT: STARS ABOVE LLC Ref. Number: M15000002276

We have received your document for STARS ABOVE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 816A00027047

NI JAN -3 D I: I

COVER LETTER

Registration Section

TO:

Nam	e of Limited I	iability Company	:,	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ce Change and	l fee(s) are submitted for fili	ng.	
Please return all correspondence concerning thi	s matter to the	following:		
Donna Bertucci			14	
Name of Person		_		
Corporate Direct, Inc				
Firm/Company				
2248 Meridian Blvd. Suite H		-		
Address			دم بــِ	
Minden, NV 89423			ALLA SECSI	
City/State and Zip Code		_ -	JAN - 3	
info@corporatedirect.com				
E-mail address: (to be used for future annu	ial report notif	ication)	FLORES TO	
For further information concerning this matter,	please call:			
Donna Bertucci		782-2201		
Name of Person	_ ***	Area Code & Daytime Te	lephone 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 following	amount:	,		
☐ \$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 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. N	ame of the limited liability company:	LLG / 8	STARS AL	BOVE LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1	b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	60 EAST SIMPSON AVE #2869		PO Box	10130		
	JACKSON, WY 83001		Naples,	FL 34101		
	03/11/2015		M150000	002276		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
J. (u,	Registered Agent and Registered Office shown on the records of t	the Florid	a Dept. of Stat	e:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	1037 GREYSTONE LANE					
	SARASOTA ,,FL	34232)	_		
	, rL			77 SE 2011		
(b)						
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	<u>ldress</u> :	ZIII JAN -3 SECARIJARY TALLAHASSE		
	REGISTERED AGENTS INC.		<u></u>	Mer and		
	NEW Registered Office Address:					
	3030 N. Rocky Point Drive, STE 150A			_		
	Tampa , FL	3360	7	>		
the ch agent was/w	limited liability company is not organized under the lav ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ws of the the regability coff the lir	e State of Fl istered offic company, it nited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
Sign	ature of a member or authorized representative of a member .			Printed or typed name of signee		
provi: the ob to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change.	ree to ac perforn d for in hereby c	ct in this cap nance of my Chapter 60 confirm thai	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
Signat	Bill Havre/Assistant Secr	etary				