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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: September 6, 2019

Order#: 902571-018

Re: ORLANDO STARFLYER BAR, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Matthew Ermak c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

. (a)	8265 International Drive, Unit A		(b)	(b) 8265 International Drive, Unit A			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Orlando FL 32819			Orlando, FL 32819			
	03/28/2017			M17000	002647		
	Date of filing/reg	istration in Florida	4.		Document numb	er	
. (a)	C T CORPORATION S	SYSTEM					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	1200 SOUTH PINE ISLA	AND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			g. 20			
					ĪÄL		estra.
	PLANTATION		L <u>33324</u>		ALLAHASSELFE	2019 SEP 1 0	1
(b)	Corporation Service Com	nany			0) 0)	P	2 4 6
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- \$1.		S STATE OF	
	1201 Hays Street						
	NEW Registered Office Addres	ss:					
	Tallahassee		1 22204		_		
	Tahahassee	, h	L 32301				
cha 11 w /we	mited liability company is nge or changes are made, tivill be identical. Or, in the cre authorized by an affirmatics of organization or the	he Florida street address o case of a Florida limited l ative vote of the members	of the regist liability cor of the limi	ered offic npany, it ied liabili	ce and the business is hereby confirme ty company or as o	office o	f the registe e change(s)
	<u> </u>	Que	Jill C	Jill Cilmi, Authorized Person			
gnat	ure of a member or authorized re	presentative of a member			Printed or typed nam	ne of signe	e
eret. Piși	oy decept the appointment of ons of all statutes relative t gations of my position as r by reflect a change in the r	as registered agent and ag to the proper and complete egistered agent as provid	gree to act i e performa ed for in Ci	n this cap nce of my napter 60	pacity. I further ag duties, and I am fo 5, F.S. Or, if this a t the limited liabili	gree to co amiliar v documen tv compa	omply with i with and acc t is being fil no has heer
oou iere fied	I'm writing of this change:	egisterea ojjice aaaress, 1	nereny col	girm inai		y compe	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,