M17000010436

(Requestor's Name)				
(Address)				
. (Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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S. PRATHELI



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/07/2018	
Name:_	Merritt Walker	
	nce #:1008391	
	JOINT STAR P	ROPERTIES, LLC
	Articles of Incorporation/Authorization to	Transact Business
	Amendment	
7	Change of Agent	
F	Reinstatement	
	Conversion	
^	Merger	
	Dissolution/Withdrawal	
□ F	Fictitious Name	
	Other	
Authoriz	zed Amount: \$25	
Signatu		

F: 800.944.6607

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

Pursuant to the provisions of sections 605.0114, 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: JOINT ST	TAR PROPERTIES, LLC		-	
2. (a) Principal office address of limited liability comp (Note: MUST RR. STRERT ADDRESS)			-	
(MOR: MUST BE BAKER ADDRESS)	ATLANTA GA 30024		<u>-</u>	
(b) Mailing address of limited liability company:	3651 PEACHTREE PKWY	r, STE E 202	-	
(Note: MAY BE POST OFFICE BOX)	ATLANTA, GA 30024	<u>.</u> . 8	-	
December 8, 2017	M17000010436	A LE		
3. Date of filing/registration in Florida	4. Document number	AHA	C. Section	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State:	8	
Registered Agent:	REGISTERED AGE	NTS (NC.	_ 5	
	-	<i>프</i> 왕		
Registered Office Address:	3030 ROCKEY POINT DR STE TAMPA, FL. 33607	150A	_	
	1AMPA, FL 33507		_	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	COGENCY GLOBAL II	COGENCY GLOBAL INC.		
NEW Registered Office Address:	115 North Calhoun St.	Suite 4	_	
(MUST BE FLORIDA STREET ADDRESS)	Telahassa	,FL 32301	_	
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be i liability company, it is hereby confirmed that the change the members of the limited liability company or as other operating agreement of the limited liability company.	dentical. Or, in the case of a lige(s) was/were authorized by envise provided in the articles	Florida limited an affirmative vote	of	
Signature of a member or authorized representative of a member				
Matt Mills	_			
Primed or typed name of signes I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of manual content is being filed to address. I hereby confirm that the limited liability con	nd agree to act in this capaci e proper and complete perfor ty position as registered agen	ty. I further agree to mance of my duties, t as provided for in	<i>o</i>	
Signature of Registered Agent Tim Mayville, Assistant Secre		ilng of this change.		

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