

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

M1800007920

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000225333 3)))



H22000225333ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : REGISTERED AGENT SOLUTIONS INC  
 Account Number : I20100000062  
 Phone : (888)705-7274  
 Fax Number : (888)706-7274

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
 FORESITE STAR, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 JUN 30 PM 1:30

2022 JUN 30 AM 8:52

APPROVED AND FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FORESIGHT ASSET MANAGEMENT, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Joshua Murphy**

\_\_\_\_\_  
Name of Person

Registered Agent Solutions, Inc.

\_\_\_\_\_  
Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

\_\_\_\_\_  
Address

Austin, TX 78735

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Joshua Murphy**

\_\_\_\_\_  
Name of Person

at ( 888 ) 705-7274

\_\_\_\_\_  
Area Code & Daytime Telephone 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. Name of the limited liability company: FORESIGHT ASSET MANAGEMENT, LLC

2. (a) 7334 BLANCO RD, STE 200 (b) 7334 BLANCO RD, STE 200

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

SAN ANTONIO, TX 78216

SAN ANTONIO, TX 78216

8/23/2018

M18000007920

3. Date of filing/registration in Florida 4. Document number

5. (a) BLUMBERG EXCELSIOR CORPORATE SERVICES, INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 OFFICE PLAZA DR, 1ST FL

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

TALLAHASSEE, FL 32301

(b) Registered Agent Solutions, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 Office Plaza Dr.

NEW Registered Office Address:

Suite A

Tallahassee, FL 32301

APPROVED AND FILED  
2022 JUN 30 AM 8:52

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ David Starr  
Signature of a member or authorized representative of a member

David Starr Manager  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart Mackenzie Hart, Asst. Secretary  
Signature of Registered Agent