

M23 0000 7261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

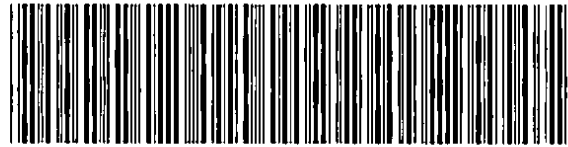
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Star Alien Alliance 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:

Lindsey Kirby

Name of Person

Star Alien Alliance

Firm/Company

5031 NW Flair Ct

Address

Port St. Lucie FL 34986

City/State and Zip Code

staralienalliance@gmail.com

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

For further information concerning this matter, please call:

Lindsey Kirby

217

377-0549

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

NHS18 (2/14)

if you have my \$35 check still, please use both for

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SECRETARY OF STATE
TALLAHASSEE, FL

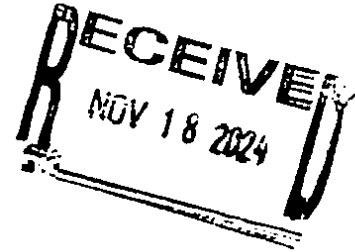


FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2024

lindsey Kirby
6031 N.W. FLAIR CT
PORT SAINT LUCIE, FL 34986

SUBJECT: STAR ALIEN ALLIANCE LLCC
Ref. Number: M23000007261



We have received your document for STAR ALIEN ALLIANCE LLCC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 324A00022240

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: Star Alien Alliance

2. (a) 6031 NW Flair Ct
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Port St. Lucie FL 34986
(b) Port St. Lucie FL 34986
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Port St. Lucie FL 34986

3. 6/5/2023 Date of filing/registration in Florida
4. M23000007261 Document number

5. (a) United States Corporations Agents Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
476 Riverside Ave
Jacksonville, FL 32202

(b) Lindsey Kirby
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
Port St. Lucie FL 34986
Port St. Lucie, FL 34986

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

Lindsey E Kirby
Signature of a member or authorized representative of a member
Lindsey E Kirby
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.
Lindsey E Kirby
Signature of Registered Agent