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| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
| J. HORNE NOV 16 2021 | | | | | |
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Office Use Only



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2021 NOV IL PH 8: 50

BNI Referral Rockstars, Inc. 4300 Aurora Road Melbourne, FL 32934

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

Please find the enclosed payment and completed form to update our registered agent. Please contact Emily Tobin at 321-501-7850 or Dawn Jaramillo at 321-576-3466 if you have any questions.

Thank you!

Regards,

Emily Tobin Dawn Jaramillo BNI Referral Rockstars, Inc.

COVER LETTER

| Division of Corporations | | | |
|--|---|--|--|
| SUBJECT: BNI Referral Rockstars, Inc. Name of Li | imited Liability Company | | |
| | anned Diability Company | | |
| Dear Sir or Madam: | | | |
| 'he enclosed Registered Agent/Registered Office Cha | inge and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matte | er to the following: | | |
| Emily Tobin | | | |
| Name of Person | | | |
| 3NI Referral Rockstars, Inc. | | | |
| Firm/Company | | | |
| 300 Aurora Road | | | |
| Address | | | |
| Melbourne, FL 32934 | | | |
| City/State and Zip Code | | | |
| estere89@gmail.com | | | |
| E-mail address: (to be used for future annual repo | ort notification) | | |
| For further information concerning this matter, please | call: | | |
| Emily Tobin at (| 321 501-7850 | | |
| Name of Person | Area Code & Daytime Telephone Number | | |
| Mailing Address: | Street Address: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| P.O. Box 6327 | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| Enclosed is a check for the following amour | nt: | | |
| ■ \$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.

| I. Na | me of the limited liability company: | kstars, | Inc. | | |
|----------------------------|--|--|--|--|--|
| 2. (a) | BNI Referral Rockstars, Inc. | | (b) BNI Referral Rockstars, Inc. | | |
| (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) | |
| | 4300 Aurora Road | | 4300 Auro | ra Road | |
| | Melbourne, FL 32934 | _ | Melbourne, FL 32934 | | |
| | 12/01/2020 | | N200000013 | 3461 | |
| | Date of filing/registration in Florida | 4. | | Document number | |
| (a) | Current Registered Agent | | | | |
| . (a) | Registered Agent and Registered Office shown on the records of | the Flor | ida Dept, of State | - v: | |
| | Dawn V. Jaramillo | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRI | <u>(SS)</u> | - | |
| | 799 Orange Blossom Drive | | | | |
| | Melbourne . FL | 32935 | | - | |
| (b) | New Registered Agent | | | TIL 2021 NOV 21 FART ATTYS | |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | |
| | Emily Tobin | | | SSECOND IN THE SECOND IN THE S | |
| | NEW Registered Office Address: | | | | |
| | 4300 Aurora Road | | ,·· <u> </u> | 50 | |
| | Melbourne FI | 32934 | | | |
| hange gent v vas/we | imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | registe ability of the l limite | ered office and company, it is imited liability | d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. | |
| | ture of a member or authorized representative of a member | | | Printed or typed name of signee | |
| rovisi he obl o merc | by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address. It is more than the registered office address. It is not that the registered of the change. | perfor d for it hereby | nct in this capa mance of my a 1 Chapter 605 confirm that i | acity. I further agree to comply with the huties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been | |
| M. Signatu | ily Take Ut Over 20, 20, 20, | 91 | | | |