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P04000132429
Division of Corporations
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To:

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From:

Account Name : COURTACCESS CENTERS, LLC
Account Number : 07535000541
Phone : (813)875-1333
Fax Number : (813)200-1050

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

Email Address: sal5x5@gmail.com

**REGISTERED AGENT CHANGE
AMERISTAR SALES & LEASING, INC.**

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OCT 24 2023

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AMERISTAR SALES & LEASING, INC
2. The principal office address: 21145 SPRING PLAZA DRIVE #3311
SPRING, TX 77388
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/21/2004 Document number: P04000132429
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

COURTACCESS CENTERS LLC13046 RACE TRACK RD STE 131TAMPA, FL 33626

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

COURTACCESS CENTERS LLC9241 BRINDLEWOOD DRP.O. Box NOT acceptableODESSA, FL 33556

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

DocuSigned by:

THOMAS CIRAULOTHOMAS S. CIRAULO, PRESIDENT

Signature of an officer or director

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

DocuSigned by:

John A. Gurba Jr10/23/2023

Signature of Registered Agent

Date

If signing on behalf of an entity:

JOHN A GURBA JR

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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