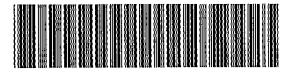
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJE	Star Publications, Inc. (Name of Corporation)
DOCU	MENT NUMBER: P95000009373
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Arline Brigitte Lang (Name of Contact Person)
	Star Publications, Inc. (Firm/Company)
	158 NW 16th Street (Address)
	Boca Raton, Florida 33432 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Arline	Prigitte Lang at (561) 394-7466 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	the corporation: Star Publications, Inc.	
	office address: 158 NW 16th Street Boca Raton, FL 33432	·
3. The mailing ac	address (if different): P. O. Box 810548 Boca Raton, FL 33481-0548	
4. Date of incorp	poration/qualification: February 3, 1995 Document number: P95000009373	
	d street address of the current registered agent and registered office on file with the rtment of State:	
	Arline Brigitte Lang S	
	2950 Olivewood Terrace, Suite 107	<u> </u>
	Boca Raton FL 33431	—
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	Ö
	Arline Brigitte Lang	
	158 NW 16th Street	
	(P.O. Box NOT acceptable)	
	Boca Raton FL 33432	
The street addre	ess of its registered office and the street address of the business office of its registered agent l be identical.	,
Such change wa authorized by th	ras authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Asignati	Arline Brigitte Lang, President (Printed or typed name and title)	
I hereby accept I further agree to of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performant nd I am familiar with and accept the obligation of my position as registered agent. Or, if the ing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.	:e is e
Sher	ignature of Registered Agents (Date)	
	ignature of Registered Agent) (Date) ehalf of an entity:	
	(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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