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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email	Address:	

REGISTERED AGENT CHANGE STARR MARINE AGENCY OF FLORIDA, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

5/7/2010

COVER LETTER

TO:	Amendment So Division of Co	oction rporations		
SUBJ	ECT:	STARR MARINE AGENC	Y OF FLORIDA, INC.	
		Name of	Corporation	
DOC	UMENT NUMB	ER:	251884	
			ce/Agent and fee are submitted for filling.	
Picase	return all corres	pondence concerning this matte	er to the following:	
		Name of Co	ontact Person	
	_	Firm/C	ompany	
	Address			
		City/State a	nd Zip Code	
		marc.stpierre@wolterskluwi	er.com	
	E-n		future annual report notification)	
For fu	rther information	concerning this matter, please	call:	
	Name o	Contact Person	at (
Enclos	sed is a \$35.00 ch	eck made payable to the Depar	tment 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	

CR2E045 (8/05)

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

statement of cha	inge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Stat rganized under the laws of the State of <mark>Flor</mark> gistered agent, or both, in the State of Flori	ida
	the corporation: STARR MARINE AC	- · ·	
	office address: 399 PARK AVE. 8TH		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10/05/19	Document number:	251884
	street address of the current registers truent of State: (If resigned, enter resi	ed agent and registered office on file with this igned)	në.
	THE PRENTICE-HALL CORPORA	TION SYSTEM, INC.	
,	1201 HAYS STREET, SUITE 105		TSE OF
	TALLAHASSEE FL 32301		10 MAY -T
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered office	2 2 A
	C T Corporation System		STATI FLORING
	c/o C T Corporation System, 1200 Son	uth Pine Island Road	OF A
	P.O. Box	NOT acceptable	
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the stable identical.	reet address of the business office of its re	gistered agent,
Such change was	as authorized by resolution duly added to board, or the corporation has been	opted by its board of directors or by an off in notified in writing of the change.	icer so
Mutter	un Lilansi	Anthony LiCausi, Vice Presi	ident
	e or in officer or director	Printed or typed name and title	
I hereby accept I further agree to of my duties, an document is bei corporation/hgs	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha	u and agree to act in this capacity, statutes relative to the proper and comple obligation of my position as registered a in the registered office address, I hereby c inge.	te performance gent. Or, if this onfirm that the
By:	u-all-1	2/22/2010	
Samantha Jones.	nature of Registered Agent Assistant Secretary chalf of an entity;	Date	
	T Corporation System		
	yped or Printed Name	•	

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

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