471682

| (Requestor's N | Name) |
|---------------------------------------|--------------------|
| (Address) | |
| (Address) | |
| (City/State/Zip | /Phone #) |
| PICK-UP W | AIT MAIL |
| (Business Ent | ity Name) |
| (Document No | umber) |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Starbi | | sayernant Corp |
| DOCUMENT NUMBER: | 71682 | <u> </u> |
| The enclosed Statement of Change of I | | and fee are submitted for filing. |
| Please return all correspondence conce | rning this matter to the f | Collowing: |
| μία | Name of Contact Per | |
| | Traine of Contact 1 c. | , |
| Stark | Firm/Company | yenent Corp |
| 2700 | Glades C | irale Suite 110 |
| 1403 | City/State and Zip Co | 33327 ode |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this | s matter, please call: | |
| _ Marana Firol | at (| 194 194 762 rea Code & Daytime Telephone Number |
| Name of Contact Perso | n A | rea Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made paya | ble to the Department of | State. |
| Mailing Addr Amendment ! Division of C P.O. Box 632 Tallahassee, | Section Corporations 27 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

CR2E045 (03/12)

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 C Of |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Starbinght Managemen! (orp |
| 1. The name of the corporation: Starbinght Management Corp. 2. The principal office address: 2700 Glades Circle, Suite 110 |
| westor, FL 3332 1 |
| 3. The mailing address (if different): P.O. Box 266366 |
| Neston FL 33326 |
| 4. Date of incorporation/qualification: 03/12/1975 Document number: 47/682 |
| 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) |
| Maiana Finol! |
| 2853 Executive Park Dr. Suite 201 |
| Woston, FL 3333 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Maiara Fimi |
| 2449 Eagle Run Dr. P.O. Box NOT acceptable |
| 11 1 22227 |
| Woston, FL 33327 |
| 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. |
| Mariana S. Lun Hariana Fino / President |
| 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. |
| 1 2 18 |
| Signature of Registered Agent / Date |
| If signing on behalf of an entity: |
| 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
CR2E045 (03/12)