

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)795-7274 Fax Number : (888)796-7274

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

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REGISTERED AGENT CHANGE STARMOUNT INSURANCE AGENCY, INC.

Certificate of Status	0	
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Page Count	01	
Estimated Charge	\$35.00	

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C. GOLDEN

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TO:

Amendment Section Division of Corporations

SUBJECT: STARMOUNT INSURANCE AGENCY, INC.

Name of Corporation

F03000006090

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

Enclosed 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 cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Floride n organized under the laws of the State of r registered agent, or both, in the State of	/ LOUISIANA	-
1. The name of the	he corporation: STARMOUN	T INSURANCE AGENCY, INC.		
2. The principal	office address: 8485 GOODV	VOOD BLVD.		
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 12/01/20	Document number: F030	00006090	
	street address of the current regions to the state: (If resigned, enter	stered agent and registered office on file resigned)	with the	
	SANFORD, PAUL P			
	PAUL P. SANFORD & ASSOC	CIATES, P.A. 106 S MONROE STREET	ν _{α 5} ~ ≃	;
	TALLAHASSEE, FL 3230	01	office 2	
The name and (if changed):	street address of the new register	office 3	(77)	
	Registered Agent Solut	ions, Inc.	- 트 œ	
	155 Office Plaza Dr., Si	uite A Box NOT acceptable	- SS	
	Tallahassee, FL 32301	 -		
The street addre as changed will	ss of its registered office and the be identical.	e street address of the business office of	its registered age	:nt,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by a peen notified in writing of the change.	n officer so	
Isl Leffre	y G. Wild	Jeffrey G. Wild	CFO	_
I hereby accept I further agree to performance of a gent. Or, if this	o comply with the provisions of i my duties, and I am familiar with		omplete on as registered	
Z:go	atyle of Registered Agent	10/16/2017 - Dutc		-
If signing on bel	naf of an entity:			
Justine Karn	ell - Assistant Secretary ped or Printed Name	<u>.</u>		

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