

P040000005131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

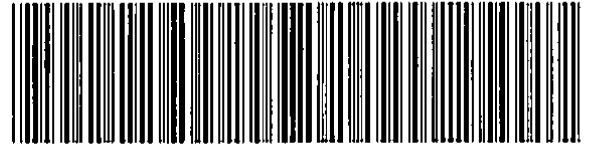
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800331873398

19 JUL 26 AM 11:08

FILED

19 JUL 26 AM 9:34

ST. LOUIS, MO
FALL 1926

JUL 28 1927
SCHROEDER

TS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 852238 7453933

AUTHORIZATION :

COST LIMIT : \$35.00



ORDER DATE : July 19, 2019

ORDER TIME : 5:12 PM

ORDER NO. : 852238-020

CUSTOMER NO: 7453933

CHANGE OF AGENT

NAME: STAR SERVICE, INC. OF MOBILE

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **STAR SERVICE, INC. OF MOBILE**

Name of Corporation

DOCUMENT NUMBER: **F04000005131**

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:

C. Tyler Ball, Esq.

Name of Contact Person

Baker Donelson Bearman Caldwell & Berkowitz, P.C.

Firm/Company

100 Vision Drive, Suite 400

Address

Jackson, MS 39211

City/State and Zip Code

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

For further information concerning this matter, please call:

Tyler Ball

Name of Contact Person

at (**601**) **351-8959**

Area Code & Daytime Telephone Number

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**

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 Louisiana in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Star Service, Inc. of Mobile
2. The principal office address: 4663 Halls Mill Road, Mobile, AL 36693
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/02/04 Document number: F04000005131

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)

Robert Miller

1202 Ariola

Pensacola Beach, FL 32561

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

Shaun A. Mayeux
Signature of an officer or director

Shaun A. Mayeux, President
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.

Shirley Thomas
Signature of Registered Agent

7/23/2019
Date

If signing on behalf of an entity:

Shirley Thomas, Assistant Secretary
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)

FILED
19 JUL 26 AM 9:34
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA