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## REGISTERED AGENT CHANGE STARR AVIATION AGENCY, INC.

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## COVER LETTER

Amendment Section Division of Corporations STARR AVIATION AGENCY, INC. SUBJECT: Name of Corporation F06000004056 DOCUMENT NUMBER:\_ 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: Name of Contact Person Firm/Company Address City/State and Zip Code marc.stpierre@wolterskiuwer.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Street Address:

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (8/05)

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

statement of ch	ange is submitted for a co	rporation organiz	607.1508, or 617.1508, Floi ed under the laws of the State ed agent, or both, in the State	of New York
	the corporation: STARR	<del>-</del>	_	. Of 4 507 SMA
			NE, SUITE 1000 ATLANTA	GA 30326
3. The mailing	address (if different):			
4. Date of incom	rporation/qualification:	06/09/2006	Document number:	F06000004056
	nd street address of the cur artment of State: (If resign		nt and registered office on fil	le with the
	CORPORATION SERV	ICE COMPANY		
	1201 HAYS STREET			<del></del>
	TALLAHASSEB FL 323	01-2525		
6. The name an (if changed):		v registered agent	(if changed) and /or registere	TALLAHASSEE, FLORIDA  10 HAY -7 AM 9: 08ent
	c/o C T Corporation Syst	em 1200 South Pir	ur Island Road	
	c/o C T Corporation System, 1200 South Pine Island Road  P.O. Box NOT acceptable			
	Plantation, Florida 33324			
The street addi	ress of its registered offic	e and the street ac	dress of the business office	of its registered agent,
-			by its board of directors or b fied in writing of the change	
mille	mu Tilmin	i	Anthony LiCausi, V	/ice President
Signal	ure of an otticer or director	<del></del> -	Printed or typed name	
I hereby accept further agree of my duties, a document is be corporation he	of Me appointment as reg to comply with the provi and I am familiar with an eing filed merely to reflec as been notified in writing	istered agent and Islons of all statut a accept the oblig et a change in the g of this change.	agree to act in this capacity es relative to the proper an ation of my position as regi registered office address, T	i i complete performance stered agent. Or, if this hereby confirm that the
By:	~ ally		2/22/20:	10
	ignature of Registered Agent , Assistant Secretary		Date	
	ehalf of an entity:			
C	T Corporation System			
	Typed or Printed Name	<del></del>		

\* \* \* 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 (8/05)