

F080000001564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

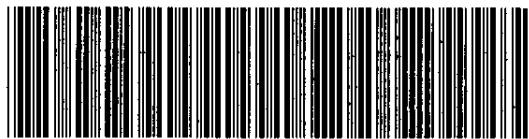
(Business Entity Name)

(Document Number)

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



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10/14/09--01007--012 **35.00

RA to chg

FILED
OFFICE OF STATE
SECRETARY OF CORPORATIONS
09 OCT 14 PM 12:05

T Roberts OCT 15 2009

October 6, 2009

VIA US REGULAR MAIL

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: **ALLSTAREWARDS, INC.**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

A handwritten signature in black ink, appearing to read "Art Flores", written in a cursive style.

Art Flores

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

1. The name of the corporation: ALLSTARREWARDS, INC.
2. The principal office address: 3900 CROSBY DR. STE 2204
LEXINGTON, KY 40515
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/07/2008 Document number: F08000001564

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)

BUSINESS FILINGS INCORPORATED

1203 GOVERNOR'S SQUARE BLVD SUITE 101

TALLAHASSEE, FL 32301-2960

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

REGISTERED AGENT SOLUTIONS, INC.


155 OFFICE PLAZA DR. SUITE A

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.


Signature of an officer or director

Dennis R. Downing, 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.


Signature of Registered Agent

10-1-2009
Date

If signing on behalf of an entity:

REGISTERED AGENT SOLUTIONS, INC.
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 (8/05)

09 OCT 14 PM 12:05
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE