## F12000001672

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
· · · · · · · · · · · · · · · · · · ·	(Document Number)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
<del>_</del>	

Office Use Only



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DA HAR I 4 PM 4:

2024 HAR IL AH



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	03/25/2024			
Name:	Patrice Rush			
Reference	#:2299560			
		STARFUELS, INC.		
		orization to Transact Business		
☐ Ame	ndment			
Char	nge of Agent			
Rein	statement			
Conv	version			
☐ Merg	ger			
☐ Dissolution/Withdrawal				
☐ Fictit	ious Name			
Othe	r			
Authorized /	Amount: \$35.	00		
Signature:	Pull			

F: 800.944.6607

F: +852.2682.9790



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2024

COGENCYGLOBAL

SUBJECT: STARFUELS, INC. Ref. Number: F12000001672

Fleep 1

6risinal

Fix date

3/14/2024

We have received your document for STARFUELS, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current Registered Agents address must be the address on DOS records.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 324A00005632



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

statement of change is submitted in order to change its r	egistered office or registere			
1. The name of the corporation:		Starfuels, Inc.		
2. The principal office address:_				
· · · · · · · · · · · · · · · · · · ·	New York, NY	10005		
3. The mailing address (if differ	ent):		<u></u>	
4. Date of incorporation/qualific	n/qualification: 4/17/2012 Document number: F120 00001672			
5. The name and street address of Florida Department of State: (		nt and registered office on	file with the	
	CT Corporat	ion System		
	1200 SOUTH PI	NE ISLAND RD		
	PLANTATIO	N, FL 33324	2024 MAR	
6. The name and street address of (if changed):	of the new registered agent (	if changed) and /or register	red officers	
	Cogency Globa	al Inc.	AM S	
	115 North Calhoun St	reet, Suite 4	9: <b>51</b>	
<del></del> -	P.O. Box NO	OT acceptable	Dr. <b>1</b>	
	Tallahassee, Floric	la 32301		
The street address of its registe as changed will be identical.	red office and the street add	dress of the business office	e of its registered agent,	
Such change was authorized by authorized by the board, or the	resolution duly adopted by corporation has been notifi	its board of directors or led in writing of the chang	by an officer so e.	
( Sun	<b>5</b>	Robert Rynevi		
Signature of an officer or day		Printed or typed nam		
I hereby accept the appointmen I further agree to comply with to of my duties, and I am familiar document is being filed merely corporation has been notified in	l as registered agent and a he provisions of all statute: wilh and accept the obliga to reflect a change in the r n writing of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y d complete performance stered agent. Or, if this hereby confirm that the	
Uleranian Regrud		03/07/2024		
Signature of Registered	Ng ent	Date		
If signing on behalf of an entity	:			
Veronica Rigaud, Assistant	SEcretary			
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 (04/13)