

F12000001925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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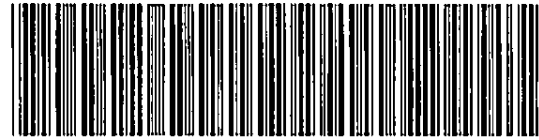
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CP Stars, Inc.  
Name of Corporation

DOCUMENT NUMBER: F12000001925

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:

Samantha Pourcel  
Name of Contact Person

CP Stars, Inc.  
Firm/Company

32045 Jack Russell ct  
Address

Dade City, FL 33525  
City/State and Zip Code

Samanthanicolini@mac.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christophe Pourcel at (352) 807 3685  
Name of Contact Person 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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CP Stars, Inc.
2. The principal office address: 32045 Jack Russell ct  
Dade City FL 33525
3. The mailing address (if different): PO Box 1120  
San Antonio, FL 33576
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: E 12000001925
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) Resigned  
Reed, Frederick, BSR CPA  
19613 Equestrian LN  
Dade City, FL 33523
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Samantha Pouncel  
32045 Jack Russell ct  
P.O. Box NOT acceptable  
Dade City FL 33525

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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]  
Signature of an officer or director

Christopher Pouncel  
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]  
Signature of Registered Agent

10/9/17  
Date

If signing on behalf of an entity:

Samantha Pouncel  
Typed or Printed Name

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