

F12000001925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

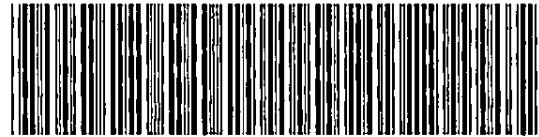
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JAN 22 AM 9:21

FILE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CP Stars, Inc.
Name of Corporation

DOCUMENT NUMBER: FI 2000001925 / 27-0789592

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 Purcell
Name of Contact Person

Firm/Company

PO Box 1120
Address

San Antonio, FL 33576
City/State and Zip Code

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

For further information concerning this matter, please call:

Samantha Purcell at (813) 476 2044
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2017

SAMANTHA PARCEL
CP STARS, INC.
P.O. BOX 1120
SAN ANTONIO, FL 33576

SUBJECT: CP STARS, INC.
Ref. Number: F12000001925

We have received your document for CP STARS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 917A00025318

RECEIVED
18 JAN 11 PM 2:18
DEPT. OF STATE
DIV. OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2017

SAMANTHA PARCEL
CP STARS, INC.
P.O. BOX 1120
SAN ANTONIO, FL 33576

SUBJECT: CP STARS, INC.
Ref. Number: F12000001925

We have received your document for CP STARS, INC. and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 917A00024115

RECEIVED
17 DEC 13 PM 3:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: 36846 Perry Ct Dade City FL 33525
3. The mailing address (if different): PO Box 1170 San Antonio, FL 33576
4. Date of incorporation/qualification: 05/07/17 Document number: F12000001925

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)

Samantha Parcel
32045 Jack Russell Ct ☒ **OLD OFFICE**
Dade City FL 33525

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

Samantha Parcel
36846 Perry Ct
P.O. Box NOT acceptable
Dade City, FL 33525

2018 JAN 22 AM 9:34
FILED

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

Samantha Parcel
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

12/11/17
Date

If signing on behalf of an entity:

Samantha Parcel
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