## NID000008501

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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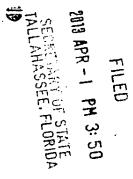




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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: Stars for Artists Inc.  Name of Corporation   |
| DOCUMENT NUMBER: N11 00000 9501  |
| 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:  |
| Jamilette Marzo  Name of Contact Person  |
| Firm/Company   |
| 13984 SW 8th Street  |
| Miami, FL 33 184<br>City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  Samilette May 50  Name of Contact Person  at (305) 495- 7827  Area Code & Daytime Telephone Number |
| Name of Contact Person Area Code & Daytime Telephone Number  |
| m 1 1  |

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 **ブ**・~

| 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: Stars for Artists, Inc.   |
| 2. The principal office address: 13984 SW 8th St., Miami, FL 33184  |
|   |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification: 9/1/2011 Document number: N100000850  |
| 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)  |
| Debra A. Epstein  |
| 15815 SW 102 Street 5 3 7   |
| Miami, FL 33196   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Samile He M. Mar 20  |
| 3643 SW 147+n Place   |
| P.O. Box NOT acceptable   |
| - Midmi 10 00 170   |
| 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  Angel Armos Salabert 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 caporation has been notified in writing of this change. |
| Signatuse of Registered Agent 3/11/2013 Date  |
| If signing on behalf of an entity:  |
| Samilette Marzo Typed or Printed Name   |

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