

N15 000003165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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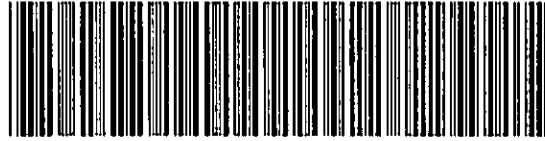
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MANHASSET ALLSTARS INC
Name of Corporation

DOCUMENT NUMBER: N15000003165

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:

SYLVESTER JOHNSON

Name of Contact Person

MANHASSET ALLSTARS INC

Firm/Company

1155 ORNE COURT

Address

KISSIMMEE, FLORIDA 34759

City/State and Zip Code

Slyjohn38@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SYLVESTER JOHNSON

Name of Contact Person

at (516)

314-7397

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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CLERK OF COURT
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MANHASSET ALLSTARS INC
2. The principal office address: 1155 ORNE COURT
KISSIMMEE, FLORIDA 34759
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03-27-2015 Document number: N15000003165
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)

CARRIE L. JOHNSON

1155 ORNE COURT

KISSIMMEE, FLORIDA 34759

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

RODNEY STANCIL

5612 HORSESHOE LOOP

P.O. Box NOT acceptable

APOPKA, FLORIDA 32712

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

SYLVESTER JOHNSON - PRESIDENT/CEO
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

10-18-2022
Date

If signing on behalf of an entity:

SYLVESTER JOHNSON

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