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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (813)436-5206 Fax Number

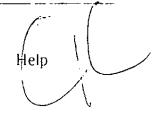
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE STARLIGHT GLOBAL, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

To: 18506176380

statement of cha	nge is submitted for a corporation	(7,0502, 607,1508, or 617,1508, Florida Statu organized under the laws of the State of <mark>Florid</mark> registered agent, or both, in the State of Florid	<u>a</u>	
1. The name of t	the corporation: STARLIGHT GLOB	AL, INC.		_
				_
3. The mailing a	address (if different):			<u>-</u>
4. Date of incorp	poration/qualification: 05/24/16	Document number: N16000005260	)	_
	I street address of the current regist timent of State: (If resigned, enter i	ered agent and registered office on file with the esigned)	e	
	THE MARKARIAN GROUP			
	2925 PGA BLVD SUITE 204	3	2023	
	PALM BEACH GARDENS, FL 33410	o gent (if changed) and /or registered office	2023 NOV 15	<b>4</b> €
6. The name and (if changed):	I street address of the new registere			
	Northwest Registered Agent LLC		9:0	9.
	7901 4th St N STE 300		<u> </u>	
		P.O. Box NOT acceptable		
	St. Petersburg FL 33702			
The street addre	ess of its registered office and the be identical.	street address of the business office of its reg	istered agen	l,
Such change wa authorized by th	as authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an officeen notified in writing of the change.	er so	
1V31	Smith	Nat Smith - Incorporator Printed or typed name and title		
I further agree i of my duties, an document is bei	the appointment as registered age to comply with the provisions of a ed I am familiar with and accept th ng filed merely to reflect a change s been notified in writing of this cl	ent and agree to act in this capacity. Il statutes relative to the proper and completo he obligation of my position as registered age e in the registered office address, I hereby co hange.	e performand ent. Or, if th nfirm that th	ze is e
/ Julia / /s		11/15/2023		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Taylor Newman				
ſ·	yped or Printed Name			