N18000011203

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	usiness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
· · · · · · · · · · · · · · · · · · ·				

Office Use Only



000375391860

10/22/21--01018--007 **35.00

2021 OCT 22 PH 6: 06

NOV 2 2021 S. PRATHER

COVER LETTER

TO:	Amendment Section Division of Corporations			
	*	•		
SUBJ Name	ECT: Star Navigator Foundation of Corporation			
DOCI	UMENT NUMBER: N18000011203			
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.		
Please	e return all correspondence concerning this	matter to the following:		
Eric C	'ampbell			
	of Contact Person			
Satr N	avigator Foundation			
Firm/0	Company			
23911	Coral Ridge Lane			
Addre	ess			
Land (O Lakes, Florida 34639			
City/S	State and Zip Code			
	ecampbell65@trontier.com			
E-ma	il address: (to be used for future annua	report notification)		
	,	1		
For fu	irther information concerning this matter, p	olease call:		
	-			
Eric C	ampbell	at (813)541-0866 Area Code & Daytime Telephone Number		
	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclo:	sed is a \$35.00 check made payable to the	Department of State.		
	Mailing Address:	Street Address:		
	Amendment Section	Amendment Section		
	Division of Corporations P.O. Box 6327	Division of Corporations		
	r.O. Box 0327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statuting The submitted for a corporation organized under the laws of the State of Florid To change its registered office or registered agent, or both, in the State of Florid	la		
1. The name of t	he corporation: Star Navgator Foundation			
2. The principal Land O Lakes,	office address: 23911 Coral Ridge Lane			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 10/22/2018 Document number: N18000011203	<u> </u>		
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)			
	Legal Zoom	<u>-</u> 1		
	9900 Spectrum Drive	obur ALLA	2021 0	
	Ausitn, Texas 78717	HASS	2021 OCT 22	-9
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	EURE IARY OF STATE LLAHASSEE, FLORID	2 PM 6:	E O
	Eric Campbell	TE AUDA	90	
	23911 Coral Ridge Lane			
	P.O. Box NOT acceptable			
	Land O Lakes, Florida 34639			
The street addre as changed will	ss of its registered office and the street address of the business office of its registered.	istered a	gent,	
	is authorized by resolution duly adopted by its board of directors or by an officie board, or the corporation has been notified in writing of the change.	er so		
Erie (Eric Campbell, President			
Signatur	e of an officer of director Printed or typed name and title			
I further agree to of my duties, and document is being the control of the control	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete d I am familiar with and accept the obligation of my position as registered age ng filed merely to reflect a change in the registered office address, I hereby con been notified in writing of this change.	perforn nt. Or nfirm the	nance if this at the	
Circle (Complete 10/18/2021			
If signing on bel	half of an entity:			
Т	oped or Printed Name			

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