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COVER LETTER

	All . Mr. Char To
SUBJE	Name of Corporation
DOCU	MENT NUMBER: <u>201000010677</u>
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	John R. Samaan Name of Contact Person
	John R. Samaan, P.A. Firm/Company
	337 N. Fern Creek Avenue Address
	Oclando FL 32803 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	John R. Samaan at (407) 740-0500 Name of Contact Person Area Code & Daytime Telephone Number

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

statement of chang	ovisions of sections (ge is submitted for a c to change its register	corporation organ	ized under the laws	of the State of F	Florida
1. The name of the	e corporation:	All in the	Stars, I	<u>ne</u>	
2. The principal o	ffice address:	200 S. O.	FL 32801	vill 2025	
3. The mailing add	dress (if different):		(same)		
4. Date of incorpo	oration/qualification:	1/29/2001	Document nui	mber: <u>P0100</u>	0010677
	street address of the c ment of State: (If resig			office on file with t	PILED FILED
<u></u>	UKBAN, THIE	ER, FEDERER	E JACKSON,	P.A.	第2
_	200 S. Crans	ge Aware, S	o. le 2025		FILED RAZE
_	Orlando F				PH 4: 39 SEE. FLORID
6. The name and s (if changed):	street address of the n	ew registered age	nt (if changed) and /	or registered office	39 ORION
_	John R.	Samaan, H	P. P	<u> </u>	
-	337 N	· Fera C.	eceptable		
-	Orlando_	FL	32803		
The street addres as changed will b	s of its registered off e identical.	ice and the street	address of the busir	ness office of its re	gistered agent,
	authorized by resolution to the corpor	ntion duly adopted ation has been no	by its board of dire	ectors or by an offi he change.	cer so
	of an officer or director		Wolfgang	Jueren r typed name and title	PSTD
I hereby accept to I further agree to performance of n agent. Or, if this hereby confirm th	he appointment as re ocomply with the pro ny duties, and I am fa document is being fi hat the corporation h				
Shuc	Mu an	Pres	3/25/	/13	
			,	Date	
If signing on beh		•			
Typ	SAMNAN PA	<u>/</u>			

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