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APPROVED AND FILED



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Cyber Star Systems Inc. Name of Corporation
DOCUMENT NUMBER: <u>P0200029048</u>
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:
Sean Michelsen Name of Contact Person
Cyber Star Systems Inc
POBOX B42 Address
Boca Raton FL 33429 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Sean Michelsen at 561 368 4500 Area Godo & Douting Telephone Number
Name of Contact Person 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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 \(\frac{1}{2000}\)
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CuberStar Systems Inc.
2. The principal office address: 12 Stederal Hwg
Buga Ration, FL 33432
3. The mailing address (if different): P.O. Box 1242
Boca, Raton FL 33429
4. Date of incorporation/qualification: 3/18/2002 Document number: P020000 29 0 48
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)
<u> Jean K Michelsen</u>
4570 NW 1849 Ave #604
Drevfield Beach Fl 33064 Ex 3
TO TO THE TOTAL PARTY OF THE TOT
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Sean K Michelsen
92 S Federal Hwy
P.O Box NOT acceptable
Boca Katon +L 3343 L
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.
L Max! Sean Michelsen
/ Signature of ab/officer or director 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 corppration has been notified in writing of this change.
corppration has been notified in writing of this change.
// Signature of Registered-Agent // // Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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