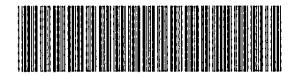
P04000047521

(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	<i>≠</i>)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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SECRETARY OF STATE
SECRETARY OF STATE

3/1/21

COVER LETTER

TO:

TO: A	Amendment Section Division of Corporations	•	
SUBJEC Name of	T: STARBOARD ASSET MANAGEMEN Corporation	NT, INC.	
DOCUM	IENT NUMBER: P04000047521		
The enclo	osed Statement of Change of Registered	Office/Agent and fee are submitted for filing.	
Please re	turn all correspondence concerning this	matter to the following:	
John J. E	Burke		
Name of	Contact Person		
STARBO	DARD ASSET MANAGEMENT, INC.		
Firm/Cor	npany		
4174 SE (Dakland Street		
Address			
Stuart, Fl	34997-5416		
City/State	e and Zip Code		
	info@starboardasset.com		
E-mail a	iddress: (to be used for future annual	report notification)	
For furth	er information concerning this matter, p	please call:	
John J B		at (772)708-8881 Area Code & Daytime 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	Street Address:	
	Division of Corporations	Amendment Section Division of Corporations	
	P.O. Box 6327 The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of change is submitte	rections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this and for a corporation organized under the laws of the State of Florida registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation:	STARBOARD ASSET MANAGEMENT, INC.		
2. The principal office address:	WAS: 901 SW Martin Downs Blvd, Palm City FL 34990		
	NOW: 4174 SE Oakland St., Stuart FL 34997		
3. The mailing address (if differ	rent):		
4. Date of incorporation/qualifi-	cation: Inc. 03/16/2004 Document number: P04000047521		
	of the current registered agent and registered office on file with the		
John J Burke	s 2 0		
901 SW Martin	N Downs Blvd		
Palm City FL 3	34990		
6. The name and street address (if changed):	of the new registered agent (if changed) and /or registered office 7		
4174 SE Oakla	and Street		
Smart F1, 3499	P.O. Box NOT acceptable		
The street address of its registers changed will be identical.	ered office and the street address of the business office of its registered agent.		
Such change was authorized be authorized by the board, or the	by resolution duly adopted by its board of directors or by an officer so e corporation has been notified in writing of the change.		
	John J Burke, President		
A further agree to comply with	Printed or typed name and title ont as registered agent and agree to act in this capacity. I the provisions of all statutes relative to the proper and complete performance r with and accept the obligation of my position as registered agent. Or, if this w to reflect a change in the registered office address, I hereby confirm that the in writing of this change.		
and a	7-11-202-1 Date		
If signing on behalf of an entit			
John J Burke	·y ·		
Typed or Printed Nan	ne		
	* * * FILING FEE: \$35.00 * * *		