

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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REGISTERED AGENT CHANGE

CLINISTAR CORPORATION

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

	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
florida	of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State
of Florida.	we or use the formings the forming of the state of forming the forming of
1. The name o	of the corporation: Clinistar Corporation
	pal office address: 328 Leeward Circle, Azle, Texas 76020
3. The mailing	g address (if different):
4. Date of inco	orporation/qualification: 10/20/2005 Document number: P05000143367
	and street address of the current registered agent and registered office on file with the partment of State: Anthony Pelaez
	3144 Gulf Winds Circle
	Hernando Beach, Florida 34607
6. The name changed):	and street address of the new registered agent (if changed) and /or registered of the (ip). Business Filings Incorporated
	1203 Governors Square Blvd., Suite 101
	(P.O. Box or personal mailbox NOT acceptable)
	Tallahasse, Florida 32301
The street add agent, as chan	dress of its registered office and the street address of the business office of its registered office and the street address of the business office of its registered of its r
Such change vauthorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board of the corporation has been notified in writing of the change.
(Signature of an office	Anthony Pelaez, President cer, chairman or type chairman of the board) (Printed or typed name and title)
performance o registered age	pt the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as ent. Or, if this document is being filed merely to reflect a change in the registered s, I hereby confirm that the corporation has been notified in writing of this change.
M.S	(Signature of Registered Agent) (Date)
	· ·
If signing on beh Mark Schiff	AVP
	(Typed or Printed Name) (Capacity)

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

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